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THE PLAGUE SITUATION.

Philippine Islands.—During the week ended October 26 there occurred in Manila an acute outbreak of plague, 17 cases of the disease being reported. During three days of this week, October 20, 21, and 22, a greater number of cases of plague occurred in Manila than during the preceding four months. During the succeeding week—that is, the one ended November 2—three cases of plague were reported, and during the week ended November 9 but one case. This makes a total of 33 cases of the disease reported in Manila this year up to November 9.

Investigations carried on when the cases of plague began to be reported, October 20, 21, and 22, revealed that three weeks previously large numbers of rats had been found sick and dying in a railway freight warehouse, and it was alleged that some mornings as many as 40 dead rats were found. Following the epidemic among these rats, the infection spread to a neighboring warehouse, where the rats also began to die. The cases in this outbreak were limited to persons exposed to infection in these warehouses. Proper measures were taken to destroy the infected rats and fleas, and but few additional cases have been reported since. Since this outbreak, however, infected rats have been found in the city in widely separated localities.

Porto Rico.—The last case of plague in man in Porto Rico occurred in San Juan September 12, and the last plague-infected rat was found at Arecibo October 30. No case of plague in man, therefore, has occurred in over three months and no infected rat has been found in over seven weeks.

China.—There was an outbreak of plague in Shanghai during November. The first case was reported November 2, and during the next 12 days 15 cases were reported. All the cases occurring up to November 14, the date of the last report received, originated in a circumscribed area fronting on Soochow Creek, in which are situated warehouses for the use of freight intended for both coastwise and foreign shipping. The area in which this outbreak occurred is practically the same as that in which the last preceding one originated. Infected rats were found in this warehouse district, as were also many dead rats, of which a satisfactory examination was impossible because of partial decomposition. The report states that the disease has been bubonic in type and that so far only natives have been attacked. Precautions are being taken to prevent access of rats to vessels bound for United States ports.

ALASKA.

Measles and whooping cough were reported December 6 to be prevalent in Ketchikan and at Metlakahtla, an Indian village south of Ketchikan, Alaska.

HOW THE UNITED STATES PUBLIC HEALTH SERVICE
CAN HELP IN THE ERADICATION OF PREVENTABLE
DISEASES IN KENTUCKY.

By JOSEPH GOLDBERGER, Passed Assistant Surgeon, United States Public Health Service.

[A paper read by invitation at the meeting of the Kentucky State Medical Association, Louisville, Ky., Oct. 30, 1912.]

The subject originally assigned to me by your secretary for discussion was "How the United States Public Health Service can help in the investigation of preventable diseases in Kentucky." I have thought, however, that it might lead to a more profitable discussion to broaden the scope of the subject by amending it to read "How the United States Public Health Service can help in the eradication of preventable diseases in Kentucky."

Recent agitation for the creation of a much to be desired Federal department of health has served to bring out that there exists a very widespread misconception as to the power and authority of the Federal Government to act in the prevention and eradication of disease. This is well shown by the following story which has been widely quoted: A mother in Indiana whose child was dying of tuberculosis, is said to have telegraphed in vain to Washington for aid. Not long after this, cholera developed in a herd of a neighbor's hogs, and on telegraphic request, so the account runs, the Federal authorities at once sent an expert in the treatment and prevention of hog cholera. The moral of course seems obvious: "Be a hog." The story is an interesting one, but like so many interesting stories, it makes its point at the expense of the truth. It well emphasizes the keen interest of the Government in animal industry, but it is decidedly misleading as to the Government's interest in human life.

The Government, through the Bureau of Animal Industry of the Department of Agriculture, is prepared, as it should be, to combat contagious diseases in animals, but no more so than it is, through the United States Public Health Service, to combat those of man. The Bureau of Animal Industry attempts to control hog cholera, Texas fever, foot-and-mouth disease, and the like; but it does not undertake to treat individual cases of tuberculosis or pneumonia in cattle. In the same way the Federal Public Health Service is prepared to respond to any request for aid in the suppression and eradication of such epidemic diseases as Asiatic cholera, bubonic plague, typhoid fever, cerebrospinal meningitis, and infantile paralysis, but it does not and can not undertake to treat individual sufferers from these diseases.

The treatment of the individual must be left where it belongs—in the hands of the family doctor. The sanitary officer deals not with individuals, but with communities of individuals, and this applies with peculiar force to the Federal officers in a Government like ours.

It is well to understand in the very beginning that there are some things the Federal Government can not do, however desirable it might be that it should do them. It would, for instance, be exceedingly desirable to have uniform marriage laws; the extreme importance of a uniform system of registration of vital statistics has more than once been emphasized; a uniform and comprehensive system of morbidity reports is not only extremely desirable but, indeed, essential for obtaining that knowledge of disease prevalence without which the sanitary officer is helpless in the face of threatening or actual epidemics. These things, I say, are all extremely desirable, and it is hoped that some way may be devised to get them, but they can not be realized by the action of the Federal Government alone; the cooperation of the States is vital, for under our Constitution the power to act and do in such matters has been reserved to the States.

While, as I say, there are things that the Federal Government can not do, for the very good and sufficient reason that I have mentioned, there are, nevertheless, many things that the Federal Government can and does do. It can and does act in sanitary matters relating to interstate commerce—indeed, it is within this broad sphere that the Federal Government most freely and effectively exercises sanitary functions. Through the Bureau of Chemistry of the Department of Agriculture it enforces requirements as to purity and strength of foods and drugs. Through its Bureau of Public Health it operates in various ways to prevent the spread of disease from one State to another.

It is not to be understood, however, that the Government's public-health activities are limited to those relating to interstate commerce. The Federal Government can and does exercise functions having important public health bearings that have no direct relation to interstate commerce, but they are functions that do not encroach on the sphere reserved to the States. Through its Bureau of Public Health it collects and publishes information relating to disease and disease prevalence, and in the Hygienic Laboratory of this bureau it makes investigations into the nature, causes, modes of propagation, and prevention of disease. As recent examples of such studies, there may be cited those on typhoid fever, uncinariasis, measles, poliomyelitis, and methods of standardizing disinfectants. The results of such studies are published and made available for the benefit of all.

The insistent demand that the Federal Government do more than it is doing in the study of the cause and means of prevention of disease has pervaded the recent agitation for a Federal department of health. Without in the least minimizing the desirability and, indeed, the necessity of greater Federal activity in this, as well as in other respects, the important fact must nevertheless be noted that the existence of the vast body of knowledge already available, and to which the Government is making no mean contribution as it is, appears to have been largely overlooked, at least so far as may be judged by the extent to which it has been practically applied. It is important that we awake to the realization and appreciation that sanitation in our country is suffering nearly if not quite as much from the inadequate or lack of application of what we already know as from the need of knowing more than we do.

Allen¹ puts it more strongly and goes further, though perhaps a little too much so, when he says that—

Utilization of health knowledge already known requires attention now more than the discovery of facts heretofore concealed. With almost negligible exceptions we can stamp out diseases common to man without knowing one more fact regarding medicine. The great problem of the next few years is to show medical men themselves and philanthropists who like to give money for training medical men and medical research that the supreme need is for administrative use of medical knowledge already in hand.

Within the sphere reserved to the States the Government can exercise no functions except at the request of the State. This is a wide field with many pressing and complex problems, and, although the Federal Government can not enter of its own initiative, it is always ready and willing to help the States and local communities to solve these problems when they evince a desire for its help.

Having thus briefly outlined the field within which the public-health functions of the Government are circumscribed, and having in very general terms indicated the character of the functions which it does or may exercise, I wish now to outline the way in which the Government through its Public Health Service can help to eradicate the preventable diseases in Kentucky.

Morbidity reports.—The first step in the eradication of preventable diseases is to know of their prevalence, hence it is extremely important that there be provided some means of obtaining and distributing this information. In the nature of the case the reports of sickness must in the first instance come from the local communities, and machinery must be provided to give the State this information. But the State is not an isolated unit; it must know not only what is going on within its own borders, but also within those at least of its immediate neighbors. This information the United States Public Health Service attempts to supply through its weekly publication, the Public Health Reports. Unfortunately, for reasons already given, the information published is only what the individual communities, the States, are willing and able to furnish, and in most instances this information is incomplete and imperfect. Indeed, but few States of the Union make any very satisfactory attempt to gather even imperfectly this very important information. The field for improvement in this direction is enormous. The Public Health Service is constantly endeavoring to impress upon the local authorities the very vital importance of extending and perfecting their morbidity reports, which it is ready and anxious to publish for the information of all concerned.

Sanitary survey.—Reports of morbidity give the sanitary officer information with respect to the existence and the degree of prevalence of disease. In order, however, that measures looking to the eradication of preventable sickness may be intelligently planned and the money of the community most advantageously spent, the sanitary officer must know what factor or factors are at work favoring their prevalence and to estimate the relative importance of the various factors involved. His morbidity reports, if they are what they should be, will tell him, for example, where and to what extent typhoid fever, hookworm disease, trachoma, pellagra, etc., are prevailing; but to begin a campaign of eradication against them or any

¹ Allen, William H., health needs and civic action. The Public Health Movement, Philadelphia, 1911, p. 11.

one of them without knowing what the factors are, at least the most important ones, that influence their propagation or prevalence would be, if not entirely futile, certainly very wasteful. To obtain this very necessary information necessitates a sanitary survey of the State. The United States Public Health Service is ready and willing to help the State of Kentucky to do this very important work by detailing experienced officers to cooperate with your State health department, appreciating that the information obtained would have wide applicability throughout our country.

As illustrative of the value of a sanitary survey, I would call very special attention to the important work undertaken by your State board of health under Dr. A. T. McCormack in connection with hookworm disease in rural districts in its relation to the records of deaths from tuberculosis and other disease reported from certain localities. His data seem to indicate that the high death rate from tuberculosis is closely related to the intensity of infection with hookworm. It is obvious that by attacking and eradicating hookworm disease there will also be brought about a reduction in the deaths from tuberculosis. It is an excellent illustration of intelligent campaigning against disease.

The information obtained by a State-wide survey is to be utilized, of course, in planning further work. But this is not all. It should be utilized also for the education of the people, to show them the sanitary needs of the State and for the information of legislators, to show why the appropriations asked for are needed and should be granted.

Having determined the sanitary needs of the State, the most important, the most pressing problem or problems should be given immediate attention. Whatever this may be, whether it is tuberculosis, typhoid fever, trachoma, hookworm disease, or pellagra (and no doubt your board of health already has very definite views on this subject), a careful investigation will be needed to determine as definitely as possible what the special factors are, if any, that favor the prevalence of one or other or all of these diseases. Here again the United States Public Health Service is prepared to help by loaning to the State experienced men to aid in doing the work just as it recently did in detailing an officer to make a study of the prevalence of trachoma in a certain section of your State.

Many, if not all, of Kentucky's sanitary problems are also the problems of the other States of the Union. Some of these, such as those of typhoid fever, infantile paralysis, pellagra, trachoma, hookworm disease, stream pollution, and pure milk, have for that reason already been, or are at this very time, the subject of intensive study and investigation by the United States Public Health Service, and the information obtained has been published or will be published and thus made available in the work of your State sanitary department.

Hygienic Laboratory.—Besides such help as I have already indicated the Public Health Service is prepared to give aid in the eradication of disease from Kentucky by placing at the disposal of the State the facilities of its Hygienic Laboratory. The Hygienic Laboratory in Washington is open to any representative of your health department who may wish to avail himself of its facilities in carrying out any research relating to any sanitary problem of the State. It is also ready and willing to be used as it already has been used to aid the

State laboratory in the examination of excreta and other pathological materials.

The laboratory is also open to any health officer of this State, as of the other States, who may desire instruction in the newer methods of laboratory diagnosis. Such instruction may be had on request and tends not only to increase the efficiency of the officer who avails himself of the privilege, but also, through the opportunity for intimate contact with his colleagues of the Federal service, to bring about a better and more helpful understanding of each other's aspirations and needs, and thus develops a more helpful spirit of cooperation for service in the common cause.

It is to be regretted that but few men have so far found it convenient to avail themselves of this privilege. It is only fair to say, however, that this is not altogether their fault. As a general thing the tenure of service of county and municipal health officers throughout our country is not such as to offer them any inducement to improve their usefulness to the community employing them. The surprising thing indeed is that one finds so many earnest, conscientious men willing to serve their communities in these positions. All thoughtful observers recognize that the crying need in this country is for the well-paid, well-trained, full-time health officer, particularly the county health officer.

These in brief are some of the more important ways in which the United States Public Health Service can help in the eradication of the preventable diseases in Kentucky. The service is ready to help your health board in this great work. Its willingness is unlimited, and the amount of aid which it is able to render is circumscribed only by the limits of its available personnel and resources.

UNITED STATES.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

MARYLAND.

PRACTICE OF MIDWIFERY—NOTIFICATION OF CASES OF OPHTHALMIA NEONATORUM—ACTS OF 1912, CHAPTER 94, APPROVED APRIL 4, 1912.

SECTION 1. Be it enacted by the General Assembly of Maryland, that certain additional sections be and the same are hereby added to article 43 of the Code of Public General Laws of Maryland, to follow immediately after section 55 of said article 43, and to be designated as sections 55a, 55b, 55c, 55d, 55e, 55f, 55g, 55h, 55i, 55j, 55k, 55l, 55m, 55n, 55o, 55p.

55a. Any midwife residing within this State not registered in accordance with the provisions of section 55, article 43, of the Code of Public General Laws, on the 1st day of July, 1910, and who shall, previous to July 1, 1910, have been practicing as a midwife, may register his or her name and address with the local register of vital statistics, for the city, town, or county in which he or she resides, in accordance with the provisions of said section 55 of article 43 of the Code of Public General Laws, and upon such registration shall be entitled to a license without examination, as provided in section 55e.

Any person engaging in the practice of midwifery subsequent to July 1, 1910, shall register his or her name and address as provided by said section 55 of article 43, but shall not be entitled to practice as a midwife excepting upon certification and licensure as hereinafter provided.

Any midwife who shall receive a license as provided in this bill shall present the same within 30 days to the local register of vital statistics for the city, town, or county in which he or she resides. Such local register shall record in a "Licensed midwife register," kept for the purpose, the name and address of the midwife and the date of issue of the license, and shall transmit a transcript of such registration to the State board of health, where it shall be kept on file for reference.

55b. A certificate of such registration shall be issued, without cost, by the State board of health, after receipt of the transcript of registration from the local register of vital statistics to each midwife, who shall keep the same plainly displayed in his or her place of business.

55c. Any midwife who has been duly licensed under the provisions of this bill, shall be entitled and shall be required to display a sign outside his or her place of business, exposed to public view, bearing his or her name, with the words "Licensed midwife."

55d. No person shall register as midwife, as provided by section 55a, until he or she has secured a license from the clerk of the Circuit Court of Baltimore City or the clerk of the circuit court of the county in which he or she resides.

55e. The clerk of the Circuit Court of Baltimore City or the clerk of the circuit court of any county shall not issue a license to practice midwifery until he receives from the applicant a certificate from the State board of health, setting forth that he or she has successfully passed an examination, as hereinafter provided, or has been engaged in the practice of midwifery previous to July 1, 1910; on receipt of license the applicant shall register in accordance with section 55a.

55f. The State board of health shall have charge of all details of the examination of applicants. Such applicants must at least know how to read, write, and be able to make out correctly a birth certificate as required by law.

55g. Whenever the applicant resides outside the limits of Baltimore City, and can not come to the city to try the examination before the State board of health, then the examination shall be conducted by the local health officer of the city, town, or county in which the applicant resides, in accordance with the directions given by the State board of health, and such health officer shall forward to the State board of health, with his indorsements, all papers written by the applicant in the examination.

55h. The applicant for license shall present to the State board of health a certificate from a legal practitioner of medicine or a maternity hospital that he or she has attended at least five cases of childbirth, and that he or she is competent to attend ordinary cases of labor. Such applicant shall also be required to present certificates from three reputable citizens stating that the applicant is of good moral character.

55i. Two examinations shall be held yearly—one in the month of May, the other in the month of November, the day of the month to be fixed by the State board of health. The examinations shall be held in the city of Baltimore, and at the county seat of each county, and as hereinbefore provided, due notice shall be given by publication once a week for four weeks previous to the date of the examination, a fee of \$5 to be paid by the applicant before the examination, which fee shall entitle the applicant to one reexamination within 12 months from the date the first examination is held.

55j. It shall be unlawful for any midwife to make a vaginal examination, to attempt to deliver a retained placenta, to attempt to use forceps, to attempt version or any forcible delivery, but such midwife shall in all cases of labor that are not normal notify a licensed practitioner of medicine.

55k. If any time within two weeks after the birth of any infant one or both of its eyes or the eyelids be reddened, inflamed, swollen, or discharging pus the midwife, nurse, or person other than a legally qualified physician in charge of such infant shall refrain from the application of any remedy for the same, and shall immediately report such condition to the health commissioner, or to some legally qualified physician, in the city, town, or county wherein the infant is cared for. Any person or persons violating the provisions of this section shall on conviction be punished by a fine not to exceed \$5.

55l. Any person who shall violate any of the other provisions of this act shall be deemed guilty of a misdemeanor and upon conviction thereof shall be subject to a fine of not less than \$5 nor more than \$10, and for a third conviction shall, in addition to the other penalties herein provided, forfeit his or her license to practice midwifery.

55m. Any midwife who shall be convicted of producing an abortion or inducing premature labor shall, in addition to the penalties already provided by law, forfeit at once his or her license to practice midwifery.

55n. Any person other than a regularly licensed physician who shall attend a woman in childbirth for hire, or who shall make a practice of attending women in childbirth, shall be regarded as a midwife within the meaning of this act.

55o. Nothing in this act shall be taken as amending or abridging the right of the mayor and city council of the city of Baltimore to make such additional rules and regulations as they may deem necessary or proper to regulate the practice of midwifery in Baltimore City.

55p. The State board of health shall be charged with the duty of rendering effective the provisions of this act and shall institute proceedings in the proper courts of this State for the enforcement of the penalties made and provided in this act. It shall be the duty of all county health officers to furnish full and prompt information of any violations of the provisions of this act within their respective jurisdictions. Such county health officers are authorized and empowered to institute proceedings in any of the proper courts of this State for the enforcement of the penalties provided by this act, and in such case they shall furnish prompt and full reports of their actions and of the judgment of the court in which such actions shall be tried.

Sec. 2. *And be it enacted*, That this act shall take effect from and after the date of its passage.

Sec. 3. *And be it enacted*, That chapter 722 of the acts of the general assembly of 1910, entitled "An act to provide for the registration and licensing of midwives in the State of Maryland and to provide certain educational qualifications for persons practicing as midwives, and for other purposes connected with the better preservation of public health," by adding certain additional sections to article 43 of the Code of Public General Laws, title "Health," subtitle "Infectious diseases," said sections to be immediately after section 55 of said article 43 and to be designated as sections 55a, 55b, 55c, 55d, 55e, 55f, 55g, 55h, 55i, 55j, 55k, 55l, 55m, 55n, 55o, be, and the same is hereby, repealed.

BUREAU OF BACTERIOLOGY—DUTIES OF—ACTS OF 1912, CHAPTER 153, APPROVED
APRIL 4, 1912.

Sec. 1. *Be it enacted by the General Assembly of Maryland*, That section 21c of chapter 560 of the acts of the General Assembly of Maryland of 1910 be, and the same is hereby, repealed and reenacted so as to read as follows:

Sec. 21c. The bureau of bacteriology shall conduct inquiries into the nature, source, and vehicles of infectious diseases. It shall establish and maintain under the direction of the State board of health, a properly equipped laboratory. The services

of the said bureau shall be free to all local boards of health and to all practicing physicians of the State for such inquiries concerning infectious and contagious diseases as the said board may from time to time direct and to the vaccine agent for testing vaccine virus. It shall examine into and analyze public and private water supplies, milk, and other foods. It shall examine properly prepared specimens from all animals known or suspected to be suffering from hydrophobia or rabies, and shall perform such other duties and exercise such other functions as the State board of health or the secretary thereof shall designate.

SEC. 2. *And be it enacted*, That this act shall take effect from the date of its passage.

OCCUPATIONAL DISEASES—NOTIFICATION OF—ACTS OF 1912, CHAPTER 165, APPROVED APRIL 8, 1912.

SEC. 1. Be it enacted by the General Assembly of Maryland, That a new section be added to article 43 of the Code of Public General Laws of Maryland of 1904, title "Health," subtitle "State board of health," to follow after section 5 of said article, to be known as section 5a, be and the same is hereby enacted to read as follows:

SEC. 5a. Every physician attending on or called in to visit a patient whom he believes to be suffering from poisoning from lead, phosphorus, arsenic or mercury or their compounds, or from anthrax, or from compressed air illness or any other ailment or disease contracted as a result of the nature of the patient's employment, shall send to the "State board of health" a written notice stating the name and full postal address and place of employment of the patient, and the nature of the occupation and the disease from which in the opinion of the physician, the patient is suffering, with such other specific information as may be required by the "State board of health." If any physician, when required by this section to send a notice, fails forthwith to send the same he shall be liable to a fine not exceeding \$5. It shall be the duty of the State board of health to enforce the provisions of this act, and it may call upon the local boards of health and health officers for assistance and it shall be the duty of all boards and officers so called upon for such assistance to render the same. It shall furthermore be the duty of said State board of health to transmit such data to the chief of the Maryland Bureau of Statistics and Information, who shall record said data and include the same and a summary thereof in his annual report.

SEC. 2. *And be it enacted* that this act shall take effect from the date of its passage.

REGISTRATION OF BIRTHS AND DEATHS—SECRETARY OF STATE BOARD OF HEALTH TO BE STATE REGISTRAR OF VITAL STATISTICS—ACTS OF 1912, CHAPTER 696, APPROVED APRIL 11, 1912.

SEC. 6. The Secretary of the State board of health shall be the State registrar of vital statistics for Maryland. He shall under the direction of the State board of health prepare the necessary methods, books and forms for accurate registration of births and deaths and shall supply the local registrars, deputy local registrars, health officers, ministers, physicians, undertakers, midwives, and other persons charged with any duty under this act, with the proper blanks, forms and books of record. The State registrar shall collect, permanently bind, preserve and make indices to the records of vital statistics collected by him, and shall tabulate and annually prepare a general abstract and report of the vital statistics for the preceding year so tabulated and arranged as to render them of practical utility, and shall have printed not more than 1,000 copies, of which he shall forward five copies each to the governor and State librarian, one to each member of the general assembly of Maryland, one to each local health officer, one to each local registrar, one to each deputy local registrar, one to the board of health of each State and Territory of the United States, and the remainder to such departments, libraries and persons as may seem to the State registrar entitled to the same. Such records shall be carefully preserved from loss by fire or other damage.

SEC. 7. Health officers of the various counties shall be ex officio county registrars of vital statistics. Health officers of all towns and counties shall be ex officio local registrars of vital statistics, excepting in the case of incorporated cities or towns where by charter or ordinance the method of appointment of a local registrar of vital statistics is specifically designated. All county registrars, local registrars, and deputy local registrars of vital statistics shall qualify by oath to perform faithfully their duties as such, and all such county, local, and deputy local registrars shall immediately, upon their appointment and qualification, notify the State registrar of vital statistics of such appointment and qualification in writing, and failure to do so after a period of 10 days after the date of their qualification shall be held to vacate their office. Failure of any county registrar, local registrar, or deputy local registrar of vital statistics to qualify within 10 days after his appointment shall also be held to vacate his office.

Each local registrar shall immediately appoint a deputy local registrar, whose duty it shall be to act in his stead in case of absence, illness, or disability, or where such action is necessary for the public health or convenience. Such deputy local registrars shall accept in writing such appointment, and shall be subject to all rules and regulations governing local registrars.

SEC. 8. Each election district, city, and incorporated town shall constitute a registration district; provided, the State registrar may combine two or more registration districts in any county into one registration district provided the total population of the districts so combined does not exceed 100,000. Each county registrar shall, with the advice and consent of the local board of health, designate a competent person in each registration district who shall act as local registrar, and shall within the district for which he is appointed receive death certificates and issue burial permits upon the same and receive birth certificates and perform such other services under this act as the local board of health may direct, during the term for which the appointing county registrar was appointed, provided that when in the judgment of the State registrar of vital statistics it is necessary to appoint more than one deputy local registrar in any registration district, the State registrar shall authorize and direct the local registrar of vital statistics to designate and appoint as many additional competent persons to act as deputy local registrar as the said State registrar may deem necessary. Each deputy local registrar appointed as herein provided shall accept the appointment in writing, and it shall be his duty to act as local registrar in his stead in case of absence, illness, or disability, and when it is necessary in order to promote public convenience to do so, and who shall be subject to all rules and regulations governing local registrars. No local registrar or deputy local registrar shall issue any permit for the disposition of any dead body excepting upon the presentation of a proper and correct certificate of death, nor shall he in any case issue a permit for the disposition of any body already interred, entombed, transported, removed, cremated, or in any other manner disposed of except as provided in this act; each deputy local registrar shall at once, upon the receipt of the same, transmit to the local registrar all certificates of birth or death by mail.

Every local registrar shall on or before the 5th day of each month transmit to the State registrar of vital statistics in the envelopes furnished for that purpose the originals of all certificates of birth or death remaining in his possession on the last day of the month next preceding, and if there are no such certificates of birth or death remaining in his possession he shall immediately certify such fact to the State registrar in writing. The local registrar shall at the time of mailing his returns to the State registrar mail to the county registrar a copy of all certificates of birth or death certified as correct under his hand and remaining in his possession on the last day of the month next preceding.

Provided, That the State registrar may, in the event of unusual sickness or mortality or for the purpose of legal, legislative, or other inquiry, require of any local registrar returns at shorter intervals: *And provided*, That in case of births and deaths occurring in the city of Baltimore the State registrar shall not require the return to him of the original certificates of births and deaths, but only such transcripts, tables, figures, and compilations as may seem to him advisable or necessary.

It shall be the duty of all local registrars and deputy local registrars to receive death certificates and issue burial permits thereon, as hereinafter provided, and accept birth certificates and shall note over his signature the date on which such certificate was filed and shall forward all certificates in his possession, as hereinbefore provided, and shall also perform all the other duties of a local registrar provided in this act.

No sexton or person in charge of any premises in which interments are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, removal, or transit permit, as provided in the act. And each sexton or person in charge of any burial ground shall indorse upon the permit the date of interment, over his signature, and shall return all permits so indorsed to the local registrar of his district within 10 days from the date of interment or within the time fixed by the local board of health. He shall also keep a record of all interments made in the premises under his charge, stating the name of the deceased person, place of death, date of burial, and name and address of the undertaker.

SEC. 9. The record of a birth shall state the date and place of its occurrence, name in full, sex, and color, and the number of the child, whether living or still-born, whether a twin, triplet, or other plural birth, and the name, color, occupation, birth-place, and residence of parents. A separate certificate shall be required for each child in case of plural birth. The certificate of births shall contain the items specified in this section and such other items as the State registrar of vital statistics may deem important or necessary, subject to the approval of the State board of health. The record of a death shall state the date and place of its occurrence, name, age, sex, color,

occupation, condition, birthplace, cause of death, duration of illness, and names, residences, birthplace of parents, name and address of the attending physician, and such other items of information as the State registrar of vital statistics shall deem important or necessary, subject to the approval of the State board of health. All such records shall be made upon forms prepared and printed by the State registrar of vital statistics and distributed by him for this purpose. All records of birth or death shall be plainly written in unfading ink and shall be signed by the person required to make the record in his own handwriting. And no certificate shall be held to be complete or correct that does not supply all of the items of information called for under the provisions of this section so far as it is possible to obtain the same. And if such items can not be obtained by proper and diligent inquiry and search the word "unknown" shall be entered after each item so described.

That stillborn children or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificates of birth to contain, in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and, if born prematurely, the period of uterine gestation, in months, if known; and a burial or removal permit in the usual form shall be required. Midwives shall not sign certificates of death for stillborn children; but in such cases, and in the case of stillbirths occurring without attendance of either physician or midwife, such stillbirths shall be treated as deaths without medical attendance, as hereinafter provided.

SEC. 10. Every county registrar shall distribute to all local and deputy local registrars and other persons within his jurisdiction who, in his judgment, are likely to need them, blank forms or certificates and returns, supplied to him by the State registrar of vital statistics; shall execute the provisions of all local ordinances or regulations not contrary to this act that may be enacted to more effectually insure correct registration of births and deaths; shall record in the books furnished by the State registrar of vital statistics such facts as may be therein required; shall amend his records in red ink as he may discover mistakes or omissions; and shall immediately notify the State registrar of vital statistics in writing of such amendments; shall, if possible, keep such records in a fireproof safe. And on or before the 15th of each month send to the State registrar of vital statistics all certified copies of births and deaths furnished to him by local registrars within his county, as provided in section 8.

SEC. 11. No interment of the dead body of any human being, or disposition thereof by entombment, cremation, transportation, interment, or any other manner or form of disposition shall be made without a permit, as aforesaid, from the local registrar or deputy local registrar of the district where said person died, or otherwise, than in accordance with such permit.

The certificate of death shall be signed by the physician last in attendance upon the deceased person, excepting in such cases where the body is viewed by the coroner or an inquest is held upon the same, in which case the certificate of death shall be signed by the coroner. In case of death without medical attendance or in case of sudden or violent death in which the coroner does not deem it necessary to hold an inquest the certificate of death shall be signed by the health officer, and in event of the absence of the health officer to promptly act, then the local registrar or deputy local registrar shall execute and sign a proper and correct certificate of death from the best information available, and all such certificates of death shall be presented to the undertaker or other person authorized to make disposition of the body. In all cases of death from smallpox, yellow fever, diphtheria, scarlet fever, or other contagious or infectious disease dangerous to public health, the interment shall be conducted according to the rules of the State board of health.

The transportation of the body of any diseased person from one district to another district, or from one county into another county, or from this State into any other State, Territory, or District of Columbia, or from this State to any foreign country, or the transportation of any dead body from any other State, Territory, or District of Columbia into this State or any foreign country into this State, shall be under such rules and regulations as the State board of health shall prescribe.

Transit permits shall only be issued by application to the local registrar or deputy local registrar upon the presentation of a proper and complete certificate of death as provided in section 9 of this act, the same to be accompanied by a burial permit which shall be full and legal authority for interment or other disposition in any part of the State. The burial permit issued as provided in this act shall be full and legal authority for interment in any part of this State.

In the event of the death of any person without the jurisdiction of the United States, or in the event of the death of a person within the jurisdiction of any of the

United States, where such death is not recorded by the authorities having jurisdiction, a burial permit may be issued by the local registrar or deputy local registrar at the place to which such body is conveyed in this State upon presentation of a proper and correct certificate of death as hereinbefore provided.

SEC. 12. Application for a permit to disinter a human body shall be made by presentation to the local registrar or deputy local registrar of a certificate of death properly made and containing the facts required by law for a record of a death. Upon receipt of such a certificate the local registrar or deputy local registrar shall issue a permit for the disinterment. The permit for a disinterment shall be made upon a regular burial permit form issued by the State registrar of vital statistics under the provisions of this act, and across the face thereof shall be written the word "disinterment" in red ink.

No disinterment of the body of any deceased person during the months of July and August shall be issued except when required for the purpose of a legal investigation, nor shall any such permit be issued in case where death was caused by infectious disease, except by permission of and under the direction of the State registrar of vital statistics.

SEC. 13. Every physician, who shall have professional charge of the mother at the birth of any child, shall, within four days next succeeding the birth, furnish the local registrar or deputy local registrar of the town or district wherein such birth shall have taken place, a proper and correct certificate of birth as required by section 9 of this act.

Every midwife, who shall be in attendance at the birth of any child where no physician is in attendance, shall, within four days next succeeding the birth, furnish the local registrar or deputy local registrar of the registration district wherein such birth shall have taken place, a proper and correct certificate of birth as required by section 9 of this act.

SEC. 14. In the event of the birth of any child without the attendance of either a physician or midwife, it shall be the duty of the father, coroner, householder, keeper of any workhouse, house of correction, prison, hospital reformatory, almshouse, or other institution, master or other commanding officer of a ship or vessel, and the conductor of any railroad train, to report in writing, four days next succeeding the birth, to the local registrar or deputy local registrar of the registration district wherein such birth occurs, the full name of the mother, the full name of the father, if it can be ascertained, date, hour, and place of birth, and the sex and color of the child, and it shall be the duty of the local registrar or deputy local registrar to whom such report is presented to immediately investigate the same and to execute and send a proper and correct certificate of birth as provided by section 9 of this act.

And all physicians midwives, informants, or undertakers, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death upon demand of the State registrar, in person, by mail, or through the local registrar.

SEC. 15. The records of births and deaths shall be preserved by the county registrar, and shall be open to inspection for proper purposes, by all city, town, or county officials, by the State registrar or his accredited representative provided, that such examination shall be made in such a way that the contents of the registrars shall not be subjected to risk of damage or alteration, and prompt registry of births and deaths received by the registrar shall not be interrupted. The county registrar shall promptly inquire into the facts when any omissions or discrepancies in the personal or statistical facts are called to his attention, shall truly ascertain such missing facts of record, and make a certified statement thereof to the State registrar, and enter the correction in red ink over his official signature upon his record. The county registrar shall further inquire into and investigate all violations or suspected violations of this act and shall furnish to the State registrar full data and information regarding the same. The contents of the register or a copy thereof duly certified by the county registrar, shall be prima facie evidence in all courts, and for all purposes of the facts relative to any birth or death therein recorded, and shall be verified, in case of dispute, by a certified copy of the original certificate of birth or death from the State registrar.

SEC. 16. The county registrar shall receive for performing the services required under this subtitle the following fees: For each full record of birth or death 25 cents, to be paid by the county upon warrant of the county commissioners: *Provided*, That in any county where the county health officer or registrar receives a salary of \$800 per annum, or more, he shall receive 10 cents for each birth or death recorded in his register, instead of 25 cents.

For a copy of the record of a birth or death, 50 cents together with a payment for time of search if over a half an hour at the rate of 50 cents an hour to be paid by the person to whom such copy is furnished. The deputy local registrar shall receive for performing the services required under this subtitle the following fees:

For each proper and correct certificate of death or birth delivered by him to the local registrar as provided in this act the sum of 25 cents, to be paid by the county upon warrant of the county commissioners.

The local registrar shall receive for performing the service required under this subtitle the following fees: For each proper and correct record of birth or death, as provided in this act; except those transmitted to him by any deputy local registrar the sum of 25 cents to be paid by the county upon warrant of the county commissioners and in the case where such records are transmitted by the deputy local registrar, such deputy local registrar shall receive such fee in his stead. For each transcript of a birth or death as provided in section 8 of this act to be transmitted to the county registrar the local registrar shall receive the sum of 10 cents to be paid by the county upon warrant of the county commissioners. The State registrar shall certify to each county local and deputy local registrar quarterly, or oftener, if it shall be considered expedient, the number of properly executed certificates of births and deaths received from each county local or deputy local registrar for which fees are provided by this section for the year or portion of a year included.

The State registrar shall certify on each certificate the total amount owing to the person to whom such certificate is issued, provided that the State registrar shall certify separately the number of incomplete defective or belated certificates and for such incomplete defective or belated certificates a fee shall be certified equal to one half the amount of compensation provided in this section for proper and correct certificates and records of births and deaths.

SEC. 17. The State registrar may, upon request, furnish any applicant, for proper purposes, a certified copy of the record of any birth or death registered under the provisions of this act, and any such copy of the record for a birth or death, when properly certified by the State registrar to be a true copy thereof, shall be prima facie evidence in all courts and places of the facts therein stated. For each such certified statement he shall receive a fee of 50 cents, together with payment for the time of search, if over half hour, at the rate of 50 cents an hour, to be paid by the applicant.

SEC. 18. That any physician who was in medical attendance upon any deceased person at the time of death who shall neglect or refuse to make out and deliver to the undertaker, sexton, or other person in charge of the interment, removal, or other disposition of the body, the certificate of death hereinbefore provided for shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than \$5 nor more than \$50; and if any physician shall knowingly make a false certification of the cause of death in any case he shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than \$50 nor more than \$200.

And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in sections 13 and 14 of this act, who shall neglect or refuse to file a proper certificate of birth with the local or deputy local registrar within the time required by this act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than \$5 nor more than \$50.

And any undertaker, sexton, or other person acting as undertaker who shall inter, remove, or otherwise dispose of the body of any deceased person without having received a burial or removal permit, as hereinbefore provided, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than \$20 nor more than \$100.

And any county registrar, local registrar, or deputy local registrar who shall neglect or fail to enforce the provisions of this act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this act or by the rules and regulations of the State board of health, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than \$10 nor more than \$100.

And any person who shall willfully alter any certificate of birth or death, or the copy of any certificate of birth or death, on file in the office of the State registrar or any county registrar, local registrar, or deputy local registrar shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than \$10 nor more than \$100 or be imprisoned in the county jail not exceeding 60 days, or suffer both fine and imprisonment, in the discretion of the court.

And any person or persons who shall violate any of the provisions of this act, or who shall willfully neglect or refuse to perform any duties imposed upon them by the provisions of this act, or shall furnish false information to a physician, undertaker, midwife, or informant for the purpose of making incorrect certification of births or deaths shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than \$5 nor more than \$100.

And any transportation company or common carrier transporting or carrying or accepting, through its agents or employees, for transportation or carriage the body of any deceased person without an accompanying permit issued in accordance with the provisions of this act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than \$50 nor more than \$200: *Provided*, That in case the death occurred outside of the State and the body is accompanied by a burial, removal, or transit permit issued in accordance with the law or board of health regulations in force where the death occurred, such burial, removal, or transit permit may be held to authorize the transportation or carriage of the body into or through the State.

That each local registrar is hereby charged with the strict and thorough enforcement of the provisions of this act in his registration district, under the supervision and direction of the State registrar. And he shall make an immediate report to the State registrar of any violation of this law coming to his notice, by observation, or upon complaint of any person, or otherwise. The State registrar is hereby charged with the thorough and efficient execution of the provisions of this act in every part of the State and with supervisory power over local registrars, to the end that all of its requirements shall be uniformly complied with. He shall have authority to investigate cases of irregularity or violation of law personally or by an accredited representative, and all registrars shall aid him, upon request, in such investigations. When he shall deem it necessary, he shall report cases of violation of any of the provisions of this act to the prosecuting attorney of the county, with a statement of the facts and circumstances, and when any such case is reported to him by the State registrar the prosecuting attorney shall forthwith initiate and promptly follow up the necessary court proceedings against the person or corporation responsible for the alleged violation of law.

And the State registrar is further empowered to appoint, designate, or assign special counsel to assist in the prosecution of violators or alleged violations of this act.

And should any county registrar, local registrar, or deputy local registrar refuse or neglect to execute his duties as provided in this act, the State registrar may with the advice and consent of the State board of health require him to vacate his office and make a new appointment to fill the vacancy so created. Any court registrar, local registrar, deputy local registrar, or State registrar who shall communicate to any person not authorized to receive the same any of the personal or statistical facts recorded on his register shall be deemed guilty of misdemeanor and on conviction thereof shall be fined not exceeding \$300.

SEC. 19. That every physician, midwife, and undertaker shall, without delay, register his or her name, address, and occupation with the local registrar of the district in which he or she resides, or may hereafter establish a residence; and shall thereupon be supplied by the local registrar with a copy of this act, together with such rules and regulations as may be prepared by the State board of health relative to its enforcement.

Within 30 days after the close of each calendar year each local registrar shall make a return to the State registrar of all physicians, midwives, or undertakers who have been registered in his district during the whole or any part of the preceding calendar year; provided, that no fee or other compensation shall be charged by local registrars to physicians, midwives, or undertakers for registering their names under this section or making returns thereof to the State registrars.

That all superintendents or managers, or other persons in charge of hospitals, almshouses, lying-in or other institutions, public or private, to which persons resort for treatment of diseases, are confined, or are committed by process of law, are hereby required to make record of all the personal and statistical particulars relative to the inmates in their institutions at the date upon which this act takes force and effect that are required in the forms of the certificates provided for in this act, as directed by the State registrar, and thereafter such records shall be by them made for all future inmates at the time of their admission. And in case of persons admitted or committed for medical treatment of disease, the physician in charge shall specify for entry in the record the nature of the disease, and where, in his opinion, it was contracted. The personal particulars and information required by this section shall be obtained from the individual himself if it is practicable to do so; and when they can not be so obtained, they shall be secured in as complete a manner as possible from relatives, friends, or other persons acquainted with the facts.

SEC. 19a. The chief of the bureau of vital statistics shall be assistant State registrar of vital statistics.

SEC. 19b. That for the purpose of executing the provisions of this act, the sum of \$5,000 annually, or as much thereof as may be necessary, is hereby appropriated, payable by the treasurer of the State upon warrant of the comptroller at such times and in such sums as may be authorized by the State board of health upon presentation of proper vouchers.

MUNICIPAL ORDINANCES, RULES, AND REGULATIONS PERTAINING TO PUBLIC HYGIENE.

[Adopted since Jan. 1, 1912.]

CHICAGO, ILL.

STABLES—LOCATION AND MAINTENANCE.

SECTION 1. That section 616 of the Chicago code of 1911 be, and the same is hereby, amended so as to read as follows:

"616. *Stables and barns—Regulations.*—(a) It shall be unlawful for any person, firm, or corporation to convert any building for the use of or to construct or maintain any stable or barn for the housing or keeping of horses or other animals on any lot abutting on a street or alley in which a public sewer is constructed without providing such stable or barn with an impervious floor properly drained to such sewer.

(b) It shall be unlawful for any person, firm, or corporation to construct, locate, conduct, or maintain any boarding, sales, or private stable or barn for stabling or keeping of horses on the front two-thirds of any lot on any street where one-half of the buildings on both sides of the street between the next nearest intersecting streets are used exclusively for residence purposes without the written consent of a majority of the property owners according to frontage on both sides of the streets. Such written consent shall be obtained and filed with the commissioner of buildings before a permit is issued for the construction or alteration of any building or place for such purpose: *Provided*, That in determining whether one-half of the buildings on both sides of the street are used exclusively for residence purposes any building fronting upon another street and located upon a corner lot shall not be considered.

(c) It shall hereafter be unlawful for any person, firm, or corporation to locate, build, construct, or maintain any building or structure for stabling or keeping of 10 or more horses within a distance of 100 feet from any school, church, hospital, public park, or public playground.

(d) Any person, firm, or corporation violating any of the provisions of this section shall be fined not less than \$25 nor more than \$200 for each offense and each and every day on which such person shall conduct or maintain a stable or barn in violation of the provisions of this section shall constitute a separate and distinct offense.

SEC. 2. This ordinance shall take effect and be in force from and after its passage and due publication.

[Ordinance adopted Nov. 18, 1912.]

FLINT, MICH.

MILK—PRODUCTION, CARE AND SALE.

SECTION 1. No person, company, or corporation shall engage in the production for sale, sale, delivery, or distribution of milk without a license or permit from the clerk of the city of Flint as hereinafter provided. For the purpose of this ordinance the word "person" shall hereinafter mean individual, partnership, or corporation.

SEC. 2. All persons keeping one or more cows for the purpose of producing milk to be sold within the limits of the city of Flint in any manner or form, and all persons selling and delivering same, shall comply with this ordinance and be subject to the inspection and penalties it imposes.

SEC. 3. Persons desiring to engage in such business within the city of Flint shall make application for said license or permit in writing to the city clerk, upon blanks furnished by the board of health, who shall issue same to any person complying with the provisions of this ordinance upon the payment to him of the following sums therefor: All persons selling and delivering milk within the city by means of wagons or other vehicles, \$10 for each wagon or vehicle engaged. All other persons selling or keeping milk for sale within the city of Flint, \$1. Every person producing milk for sale in the city of Flint shall obtain a permit so to do. The money thus collected, together with that received as fines for the violation hereof, if any there be, shall be

used for the purpose of paying a milk inspector and expenses of enforcing this ordinance, and for no other purpose. The application for the license or permit shall contain an agreement on the part of the applicant that he will accept a license or permit, if granted to him, upon the condition that it may be revoked at the will of the common council. The applicant shall also at the time he makes application for a license or permit as herein mentioned present a written consent from each person from whom he obtains milk, granting permission to the health officer of the city of Flint, the milk inspector, or any member of the board of health of said city free and open access to his dairy or premises for the purpose of making an inspection of the premises or herd, and, upon consent of the owner of said herd, to apply the tuberculin test as hereinafter provided. Said producer's permit shall be in the following form:

Producer's permit.

Date _____

I, _____ a producer of milk sold in the city of Flint, Mich., grant permission to the health officer of said city, the milk inspector, or any member of the board of health of the city of Flint, Mich., free and open access to my dairy herd, premises, utensils, wagons, and conveyances for the purpose of making inspection of the same so long or while milk of my production shall be sold in said city.

Signed, _____

Each license shall be good, unless sooner revoked, until May 1 following the date of issuance. The city clerk shall number each license or permit consecutively in the order of their issuance and the licensee shall at all times have said numbers displayed in plain, large letters on the outside of each vehicle used in distributing or selling milk under the provisions of this ordinance. Licenses and permits shall not be transferable.

SEC. 4. When an application for a license or permit has been made it shall be the duty of the board of health or the milk inspector to investigate and report, without unreasonable delay, upon the herd, premises from which the milk comes, and methods of handling, storing, cooling, and distributing the milk. A record of these examinations shall be kept on the "score cards for the production of sanitary milk" issued by the food and dairy department of the State of Michigan. A license or permit shall be granted only to those whose total scores reach the 450 mark given on said score card and deemed necessary to procure what is called "good milk." This score card, properly filled out by the board of health or milk inspector, shall be attached to the application for license or permit and filed in the office of the city clerk previous to the issuance of such license or permit.

SEC. 5. It shall be the duty of the board of health to ascertain that the cows from which the applicant proposes to obtain milk for sale or distribution are free from tuberculosis and other infectious or contagious diseases. No cow shall be considered free from tuberculosis except after showing no response to the tuberculin test, as applied by any qualified person approved by the State veterinary and the local board of health. The cows from which the applicant proposes to obtain milk for sale and distribution shall be examined by the milk inspector before the city clerk shall issue a license, and an examination of each of the cows in the herd from which milk is obtained for sale and distribution shall be made at least once a year thereafter and each animal tagged in a manner to afford a permanent record of the examination, and no license shall be granted to any applicant until the cows from which he proposes to obtain milk for sale or distribution are shown to be free from tuberculosis and other infectious and contagious diseases. No milk or cream shall be sold or offered for sale within the corporate limits of the city of Flint from any cow added to a herd until such cow has been examined by a qualified person approved by the State veterinary and the local board of health aforesaid, and upon such examination found free from tuberculosis and other infectious or contagious diseases; and such an examination shall have taken place within six months from the time it is proposed to add such cow to the herd from which any milk dealer or vender obtains milk sold or offered for sale within the corporate limits of the city of Flint. In all cases the expense of the person making examination for tuberculosis or other diseases shall be paid by the owner of the cow or cows, provided that the application of the tuberculin test shall be optional with the persons licensed and granted permits under this ordinance until May 1, 1913, when the same shall be mandatory.

SEC. 6. For the purpose of assisting the dairymen, the board of health may publish a leaflet for distribution among them, containing information concerning the source, straining, cooling, storage, keeping, handling, conveying, temperatures and other treatment and conditions of milk, which shall also include information on the sanitary conditions imposed under this ordinance and the State law, of dairymen, of cows, dairies, ice, stables, wagons, pasture, buildings, rooms, utensils, and other apparatus and methods used in handling milk.

SEC. 7. No milk shall be offered for sale in the city of Flint which is unwholesome, adulterated, or impure. For the purpose of this ordinance, milk shall be considered unwholesome, adulterated, or impure when it—

- (a) Contains any preservative whatever.
- (b) Has had any water or other foreign substance added.
- (c) Has a temperature of more than 60° F.
- (d) Has, if milk, less than 3 per cent fat.
- (e) Has, if cream, less than 20 per cent fat.
- (f) Has not a specific gravity between 1.029 and 1.033 at 60° F.
- (g) Comes from cows fed upon swill, garbage, or brewery refuse.
- (h) Is drawn from cows within 15 days before or five days after parturition.
- (i) Comes from localities where the attendants are affected with or exposed to infectious or contagious diseases.
- (j) Is placed in containers which are not properly washed or are washed or rinsed with polluted water.
- (k) Shows by test more than 100,000 bacteria per cubic centimeter.

SEC. 8. Skimmed milk, sour milk, or buttermilk may be sold if so plainly marked.

SEC. 9. Milk or cream shall not be sold or offered for sale or delivered except in bottles or sealed cans, which sealed cans shall be of not less than 1 gallon capacity, and which bottles or sealed cans shall not be used for any other purpose. Bottles and cans may be filled only at the dairy and such other places as the board of health or milk inspector has approved. The cleansing and sterilizing of all bottles and milk utensils shall be subject to the approval of the board of health or milk inspector.

SEC. 10. No tickets shall be used more than once.

SEC. 11. No milk shall be used or sold which comes from any place where there is a contagious disease until after fumigation of the premises by the health officer or his duly authorized agent and permission obtained in writing from the board of health. Bottles left at any place where there is a contagious disease shall not be collected and used until after disinfection under the direction of the health officer.

SEC. 12. It shall be the duty of the board of health and the milk inspector or inspectors to see that the provisions of this ordinance are fully complied with at all times. They shall at all times have the right to examine samples of milk.

SEC. 13. The common council shall, on or before May 1 of each year, appoint a milk inspector, who shall be recommended by the board of health, provided that if none be recommended on or before May 1 in any year the council shall select one. He shall hold office until his successor is appointed and has qualified, unless sooner removed by the common council, and he shall receive such compensation as may be fixed by the common council, upon recommendation of the board of health, which shall be paid, as far as possible, from the funds created by this ordinance.

SEC. 14. For the purpose of carrying out the provisions of this ordinance the board of health, milk inspector, or his assistants shall have the right at any and all times to enter the premises of any person licensed under this ordinance to examine and inspect the dairy and herd, and to appropriate a sufficient amount of milk or milk product for examination and analysis. The results of such examinations shall be made public and published. The board of health or milk inspector shall have equal rights upon the premises of anyone from whom a licensee procures or has given notice of his intention to procure milk, cream, skimmed milk, sour milk, or buttermilk.

SEC. 15. Whenever, upon examination, any milk or milk product offered for sale or delivery in the city of Flint is found to be unwholesome, adulterated, or impure, according to section 7 of this ordinance, the board of health or milk inspector shall, if deemed necessary, seize the same and destroy or otherwise dispose of it. In such cases no compensation shall be made to the owner therefor.

SEC. 16. Any person producing milk for sale or selling milk in any manner or form within the limits of the city of Flint who advertises, publishes, or makes any false statement in regard to the cows from which he obtains milk having been examined for tuberculosis or any other infectious disease under the provisions of this ordinance or who makes any untrue or false statement regarding the condition of his herd, the purity of his milk, the premises from which his milk comes, the methods of handling, storing, cooling, and distributing of his milk shall be deemed guilty of a violation of this ordinance and be subject to the penalties it imposes.

SEC. 17. The board of health is hereby authorized to purchase from time to time such equipment as may be necessary for the purpose of testing milk.

SEC. 18. Any person, company, or corporation violating any of the provisions of this ordinance shall, upon conviction thereof, be punished by a fine not exceeding \$100 or by imprisonment in the county jail of Genesee County not exceeding 90 days, or by both such fine and imprisonment in the discretion of the court trying the offender.

SEC. 19. All ordinances on this subject heretofore made and all parts of ordinances inconsistent herewith are hereby repealed.

SEC. 20. This ordinance shall take effect June 1, 1912.

[Ordinance, adopted May 13, 1912.]

LOS ANGELES, CAL.

PRIVIES AND CESSPOOLS.

SEC. 56. It shall be unlawful for any person, firm, or corporation to construct or maintain any privy within less than 4 feet of any property line, or within less than 10 feet of any residence or dwelling house, sidewalk or storm drain; and it shall be unlawful for any person, firm, or corporation to construct or maintain any privy unless the same shall be provided with a vault or well not less than 8 feet deep.

SEC. 57. It shall be unlawful for any person, firm, or corporation owning, leasing, acting as agent for or occupying any lot or premises to permit any privy well or vault upon such lot or premises to become filled to a point within 2 feet of the top of such well or vault, or to fail, refuse, or neglect to disinfect such well or vault whenever the same shall become foul or offensive, or to fail, refuse, or neglect to empty or disinfect such well or vault, or to fill the same with fresh earth whenever so ordered by the health commissioner.

SEC. 58. It shall be unlawful for any person, firm, or corporation to cause or permit the contents, or any part thereof, of any privy vault, cesspool, water-closet, urinal, or of any other sink or cistern containing any night soil, slop water or other filthy water, matter, or substance, to flow, discharge, or be deposited upon the surface of any premises or of any public street or other public place, or into any storm drain.

SEC. 59. It shall be unlawful for any person, firm, or corporation to deposit, or to cause or permit to be deposited in any water-closet, privy vault, or cesspool any dead animal, offal, or garbage, or to deposit or to cause or permit to be deposited any solid substance in any public sewer, manhole, or flush tank.

SEC. 60. It shall be unlawful for any person to clean any yard or premises or to empty any privy vault, cesspool, or sink in such a manner as to offend the sensibilities of residents of the city, or to burn or dispose of any offensive or obnoxious substance in any manner that may be prejudicial to health or offensive to the sensibilities of the residents of said city.

[Ordinance, adopted May 1, 1912.]

ST. JOSEPH, MO.

COMMUNICABLE DISEASES—NOTIFICATION, QUARANTINE, SCHOOL ATTENDANCE—NURSES AND MIDWIVES TO REPORT OPHTHALMIA NEONATORUM CASES.

SECTION 1.—*Report of cases.*—(a) All contagious and infectious diseases to be reported to the health officer.

(1) Every physician who attends any person in the city of St. Joseph affected with scarlet fever, smallpox, diphtheria (membranous croup), measles, German measles, typhoid fever, tuberculosis, anterior poliomyelitis, epidemic cerebrospinal meningitis, chicken pox, erysipelas, whooping cough, mumps, or other disease declared by the health officer to be dangerous to public health, except those of a venereal nature shall report the same to the health officer in writing within 24 hours from the time of such attendance on cards furnished by the health department, giving the name of the disease, the name, age, sex, and color of patient, and the number and name of the street or shall otherwise designate the location of the house or dwelling place where such patient may be found. A report by telephone shall be required in addition in the case of persons affected with scarlet fever, diphtheria (membranous croup), or smallpox.

(2) In the absence or disability of any physician in attendance on such case, or in default of such physician, the head of the family or some other member of the family where the patient is located, shall make a report as specified in the preceding paragraph.

(3) Hotel and boarding house keepers, managers of public and private institutions, nurses where no physician is in attendance, and teachers in public and private schools, and, finally, any person who is aware of the existence of any of the diseases enumerated, where there is no physician in attendance or where the case has not been reported, shall make a report of the same to the health officer, as specified in paragraph 1, subdivision a, of this section.

(b) *Separate reports required for each case:*

(1) Every physician or other person as specified in subdivision a of this section shall make separate reports for each and every case occurring in the same family or in the same dwelling place.

(2) Tuberculosis is hereby declared to be an infectious and communicable disease, and owing to the nature of the disease reports of cases of tuberculosis shall be made on special cards furnished by the board of health for that purpose.

(c) Suspected cases to be reported:

(1) Any physician who attends any person whom he suspects of being ill of any of the diseases enumerated in subdivision *a* of this section, but on which he is not able to make a positive diagnosis at the time of the first visit or who has reason to suspect such disease, whether in attendance on same or not, shall report the same to the health officer as a suspicious case on the card furnished by the health department. Such a case will not be placarded unless a warranting diagnosis is established. When the diagnosis is established, the physician shall immediately notify the health officer. In suspected cases the physician in attendance shall inform the family and others living in the same dwelling place as the patient of the probable nature of the disease, and shall instruct them in the maintenance of the same precautions which are prescribed when a diagnosis is positive.

(d) Death or recovery from contagious or infectious diseases to be reported to the health officer:

(1) When any person ill of any contagious or infectious disease recovers, or dies, the attending physician shall at once notify the board of health. But no person shall certify knowingly or negligently that any person has recovered from any disease aforesaid until such patient is in such condition as to be free from danger of communicating the disease to other persons.

SEC. 2. *Quarantine and isolation.*—(a) Quarantine to be established in certain cases:

(1) Immediately upon receiving notice of the existence of any of the diseases enumerated in section 1, the health officer shall investigate the same and shall take such measures as hereinafter provided to prevent the spreading of such disease.

(2) The health officer shall remove or cause to be removed any person affected with scarlet fever, diphtheria (membranous croup), smallpox, or epidemic cerebrospinal meningitis to the city quarantine hospital, or shall establish or cause to be established, proper quarantine at the dwelling place so affected, provided that house quarantine can be carried out without danger to the general public.

(3) In cases of house quarantine, a warning card shall be so displayed on the front and rear entrances that anyone coming to either door will be warned of the presence of the disease within, provided that where the family live above a storeroom the card shall not be placed on the store door, provided there is one entrance separate from the store, and no unauthorized person shall tear down or in any way deface any placard or signal of warning placed under direction of the board of health.

(4) No person who has been in contact with a person having any of the last above-named diseases, excepting the attending physician or health officer, shall leave the premises or come in contact with anyone other than the patient unless properly disinfected, and permitted to do so by the health officer.

(5) The members of the family who work out must either (a) board and room at another house, or (b) stop work and stay at the house quarantined.

(6) The health officer may, after personal investigation of the premises wherein a contagious case or cases exist, issue a written permit to wage earners to enter and leave the premises during the period of quarantine, providing that he finds that such modification of quarantine will not endanger the public health. Neither this nor any other modification of quarantine will be permitted excepting with the written consent of the health officer, and no modification of quarantine will be allowed in the case of any wage earner who is engaged in the production, sale, or manufacture of wearing apparel, bedding, articles of food or drink, cigars, cigarettes, or candy. If he is so employed, he shall be required to take a disinfecting bath and put on disinfected clothing and leave the premises.

(7) No person from any dwelling placarded for any disease enumerated in paragraph 1 of subdivision *a* shall take any book or magazine to or from the public library or any Sunday school library or circulating library of any kind. The board will inform the librarian of all cases of said diseases, and until a written permit is given by the health officer he shall allow neither books nor magazines to be taken to or returned from the dwellings where such diseases exist. It shall be the duty of the managers of public libraries to have all books known to have been in infected houses thoroughly disinfected before being again placed in circulation or the same shall be destroyed if deemed necessary by the health officer.

(8) Milkmen must empty milk delivered to infected premises into covered containers placed outside of the door of such premises. They must not enter such premises nor remove milk bottles, or accept money or tickets therefrom until the house has been fumigated and the bottles have been sterilized. If bottles have

been delivered they must not be taken from the house until the case is terminated and the bottles have been sterilized under instructions of the health officer.

(9) Groccerymen and other persons delivering merchandise are forbidden to enter such premises or remove packages, money, or other articles therefrom.

(10) Laundrymen are forbidden to enter such premises or to remove any clothing therefrom until such articles have first been boiled or otherwise sterilized under instructions of the health officer.

(11) No one shall remove anything from such premises except by permission of the health officer. No one shall enter any infected portion of such premises, except physicians and health inspectors, except by permission of the health officer.

(12) No cat, dog, or other household domestic animal shall be allowed to run in and out of the house during the quarantine period. Such animals must be either kept inside or tied up outside, or kept away from the premises altogether. If such animals are kept in the house during the quarantine period they must be disinfected under instruction of the health officer before being allowed to run loose.

(13) Representatives of the health department shall visit the premises from time to time as they see fit to observe the efficiency of the quarantine, and for such purposes shall have the right of entering at any time.

(14) Cases which can not or do not comply with the above requirements will be taken to the hospital.

(15) It shall be the duty of the attending physician to instruct those dwelling in the same house as the patient of the provisions of the ordinance and of the meaning of quarantine.

(16) The health department shall issue to each family in quarantine a circular setting forth in simple language the rules of quarantine and the rules to be observed in the care of these cases.

(17) The period of quarantine will be reckoned from the date on which the case was reported to the health officer, or from the day on which the first symptoms appeared, provided that the attending physician certifies to the latter in writing to the health officer.

(18) The minimum period of quarantine in cases of scarlet fever shall be 30 days with such additional time as may be necessary for the complete recovery of the case. No case under any circumstances shall be released until desquamation has absolutely and entirely ceased, and until all nose and ear discharges have healed.

(19) The minimum period of quarantine for cases of diphtheria shall be 14 days, excepting where two successive negative cultures are made on two successive days, when the minimum period shall be 7 days, provided that antitoxin has been used.

(20) The minimum period of quarantine in cases of smallpox shall be 20 days, with such additional time as is necessary for the complete recovery of the case. No patient shall be discharged until desquamation has entirely ceased.

(21) The minimum period of quarantine for cases of epidemic cerebrospinal meningitis shall be 14 days, with such additional time as is necessary for the complete recovery of the case.

(b) Isolation required in certain contagious diseases—

(1) Patients affected with measles, mumps, whooping cough, chicken pox, or antero poliomyelitis will be isolated at home, and those living in the same premises who are not affected with the disease will be permitted to leave the premises to attend to their regular duties, except when such individuals are associated with children away from the quarantined house: *Provided further*, That the health officer shall give notice to the public by placing a placard with the name of the disease in a conspicuous place on the building as in quarantine. If these regulations are not complied with to the satisfaction of the health officer, the patient and other occupants of the house shall be placed under strict quarantine, as described in section 2, subdivision a, of these regulations.

(2) The minimum period of isolation in cases of measles shall be 21 days, with such additional time as is necessary for the complete recovery of the case.

(3) Cases of whooping cough shall be isolated until paroxysmal cough has entirely ceased.

(4) Cases of mumps shall be isolated at least 21 days, or until all swelling has subsided.

(5) Cases of chicken pox shall be isolated at least 14 days, or until the skin is clear and free from infection.

(6) Cases of antero poliomyelitis shall be isolated at least 14 days, or until recovery is complete.

SEC. 3. *Disinfection and fumigation.*—(a) Health officer to terminate quarantine and isolation.

(1) Upon receipt of notice from the attending physician of the complete recovery of any person affected with any of the aforesaid diseases, the health officer may terminate the quarantine or isolation: *Provided*, That the minimum period of quarantine or isolation as set forth in section 2 has elapsed. He shall remove the placard and shall cause the premises to be fumigated if necessary and the patient and attendants to be disinfected in such manner as provided by the board of health.

(2) The fumigation of premises shall be done only by an inspector of the board of health and under the supervision of the health department.

SEC. 4. Exclusion of children from school.—(a) Health officer to report cases of contagious and infectious diseases to the superintendent of schools.

(1) The health officer shall make a daily report to the superintendent of schools, giving the names and addresses of all contagious and infectious cases reported to him within the previous 24 hours.

(2) It shall be the duty of any principal or teacher of any private or public day school, night school, or Sunday school to report to the board of health the name and residence of any child affected with any contagious or infectious disease, as enumerated in this ordinance, who shall present himself or herself for attendance at such school.

(3) When any child is taken from any school building ill with a contagious disease, the room from which the child was taken shall be fumigated within 12 hours under supervision of the board of health.

(b) Children readmitted to school when:

(1) Children affected with any of the following diseases will be given certificates from the health officer recommending admission to school, as follows:

Scarlet fever, 10 days after quarantine is terminated; diphtheria, at the termination of quarantine; smallpox, 15 days after quarantine is terminated; epidemic cerebrospinal meningitis, when recovery is complete; measles, at the termination of isolation; chicken pox, at the termination of isolation; whooping cough, 15 days after paroxysmal cough has ceased; mumps, 10 days after all swelling has subsided; antero poliomyelitis, when recovery is complete.

(c) Contacts residing in the same dwelling place as the patient, to be excluded from school:

(1) No child or other person residing in the same premises as the patient shall be permitted to attend any public, private, Sunday, or sectarian school, and teachers of public and private schools are hereby required to exclude any and all children from said schools until the expiration of the quarantine, or the isolation period for the last person in the premises so affected; provided, the person or persons so affected have been properly isolated during the quarantine period. Otherwise the exclusion for contacts shall continue for the following period:

Scarlet fever, 7 days; diphtheria, 7 days; smallpox, 14 days (unless vaccinated); epidemic cerebrospinal meningitis, 14 days; chicken pox, 14 days; measles, 14 days; whooping cough, 14 days; mumps, 14 days; antero poliomyelitis, 14 days.

(d) Contacts residing in a dwelling place other than that of the patient, to be excluded from school:

(1) Any child residing in the same premises where an outbreak of any of the contagious diseases enumerated occurs, at the time of the outbreak, may be allowed, after taking a disinfecting bath and putting on disinfected clothing, to remove therefrom and take up his or her residence in other premises occupied exclusively by adults, and providing the disease has not been contracted at the end of the period here specified, will be given a certificate by the health officer recommending readmission to school:

Scarlet fever and diphtheria, each 7 days.

Smallpox, epidemic cerebrospinal meningitis, measles, chicken pox, whooping cough, mumps, and antero poliomyelitis, each 14 days.

SEC. 5. Transportation of cases.—(1) Infected persons shall not move about or be moved about in the city or expose themselves in such manner as to endanger the general public. Cases shall be transported only by the conveyance of the health department, except by special permission of the health officer. Patients transmitted to the city quarantine hospital in the city conveyance shall be accompanied by a nurse or other attendant if there be need of such an attendant, but such attendant shall, before leaving the city quarantine hospital, take a disinfecting bath and put on disinfected clothing, and comply with such other rules as are directed by the board of health.

(2) In case of the removal from one dwelling place to another, of any person affected with tuberculosis, it shall be the duty of the attending physician to at once make a written report of such removal, to the health department on special cards furnished by the health department for reporting cases of tuberculosis. In case there is no physician in attendance it shall be the duty of the head of the family, or other person who may have reason to believe that such person is affected with such disease, to report such removal to the board of health.

SEC. 6.—*Precautions to be taken by those attending patients affected with contagious and infectious diseases.*—(1) Every person in attendance upon a case of contagious or infectious disease shall exercise due precaution to prevent the transmission of the disease.

(2) Nurses who have been caring for a case of contagious disease shall, upon the termination of quarantine, take a disinfecting bath and shampoo, and shall put on disinfected clothing.

SEC. 7. *Nurses and midwives to report ophthalmia neonatorum.*—(1) When one or both eyes of an infant become inflamed, swollen, or reddened or show any unnatural discharge at any time within two weeks after birth and no legally qualified practitioner of medicine is in attendance upon the infant at the time, it is the duty of the midwife, nurse, attendant, or relative having charge of the infant to report the case in writing to the board of health within six hours.

SEC. 8. *Health board to have power to act.*—The health officer and the board of health shall have the power to make such special regulations for the prevention and control of contagious diseases as they from time to time find necessary.

SEC. 9. *All previous regulations of the board of health for the management and control of contagious diseases in conflict herewith are hereby revoked.*

SEC. 10. *Penalties.*—Any person who shall violate any clause, provision, requirement, or regulation of this ordinance, or who shall fail, neglect, or refuse to comply with any such provision, requirement, or clause, as herein provided for, or any person who shall interfere with or in any manner resist any officer or agent of the city in the discharge of his duty, as herein defined, shall be deemed guilty of a misdemeanor and upon conviction be subject to a fine of not more than the sum of \$500 for each and every violation hereof.

[Ordinance No. 1405, adopted June 19, 1912.]

OCCURRENCE AND GEOGRAPHIC DISTRIBUTION OF DISEASE.

The following report for the State of Montana was made pursuant to the resolution adopted by the Tenth Annual Conference of State and Territorial Health Authorities with the United States Public-Health Service, June 1, 1912:

MONTANA REPORT FOR NOVEMBER, 1912.

Smallpox.

Places.	Number of new cases reported during month.	Deaths.	Vaccination history of cases.	
			Number last vaccinated more than seven years preceding attack.	Number never successfully vaccinated.
Beaverhead County.....	1			1
Great Falls.....	1			1
Custer County.....	12		3	9
Fergus County.....	1			1
Missoula.....	1			1
Musselshell County.....	1			1
Powell County.....	2			2
Butte.....	1		1	
Total.....	20		4	16

Typhoid Fever.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Blaine County.....	1	Lewis and Clark County.....	1
Broadwater County.....	1	Helena.....	1
Carbon County.....	1	Madison County.....	2
Great Falls.....	2	Park County.....	1
Dawson County.....	2	Rosebud County.....	2
Fergus County.....	8	Billings.....	2
Kalispell.....	2		
Gallatin County.....	1	Total.....	28
Hill County.....	1		

NOTE.—The cases in Lewis and Clark County are exclusive of those in Helena.

Scarlet Fever, Measles, Diphtheria, Cerebrospinal Meningitis, and Poliomyelitis.

	Total number of cases reported.
Scarlet fever.....	30
Measles.....	20
Diphtheria.....	19
Cerebrospinal meningitis.....	None.
Poliomyelitis.....	Not notifiable.

ALASKA.**Measles and Whooping Cough.**

Acting Asst. Surg. Story reported December 6 that measles and whooping cough were prevalent in Ketchikan and at Metlakahtla, an Indian village 18 miles south of Ketchikan.

PLAGUE.**RECORD OF PLAGUE INFECTION.**

Places.	Date of last case of human plague.	Date of last case of rat plague.	Date of last case of squirrel plague.	Total number rodents found infected since May, 1907.
California:				
Cities—				
San Francisco.....	Jan. 30, 1908.....	Oct. 23, 1908.....	None.....	398 rats.
Oakland.....	Aug. 9, 1911.....	Dec. 1, 1908.....	do.....	126 rats.
Berkeley.....	Aug. 28, 1907.....	None.....	do.....	None.
Los Angeles.....	Aug. 11, 1908.....	do.....	Aug. 21, 1908.....	1 squirrel.
Counties—				
Alameda (exclusive of Oakland and Berkeley).	Sept. 24, 1909.....	Oct. 17, 1909; wood rat.	Sept. 10, 1912.....	260 squirrels; 1 wood rat.
Contra Costa.....	July 21, 1911.....	None.....	Oct. 8, 1912.....	1,120 squirrels.
Fresno.....	None.....	do.....	Oct. 27, 1911.....	1 squirrel.
Merced.....	do.....	do.....	July 12, 1911.....	5 squirrels.
Monterey.....	do.....	do.....	Aug. 6, 1911.....	6 squirrels.
San Benito.....	June 5, 1910.....	do.....	June 8, 1911.....	22 squirrels.
San Joaquin.....	Sept. 18, 1911.....	do.....	Aug. 26, 1911.....	18 squirrels.
San Luis Obispo.....	None.....	do.....	Jan. 29, 1910.....	1 squirrel.
Santa Clara.....	Aug. 31, 1910.....	do.....	Oct. 5, 1910.....	23 squirrels.
Santa Cruz.....	None.....	do.....	May 17, 1910.....	3 squirrels.
Stanislaus.....	do.....	do.....	June 2, 1911.....	13 squirrels.
Louisiana:				
City—				
New Orleans.....	do.....	July 27, 1912.....	None.....	1 rat.
Washington:				
City—				
Seattle.....	Oct. 30, 1907.....	Sept. 21, 1911.....	do.....	25 rats.

RATS COLLECTED AND EXAMINED FOR PLAGUE.

Places.	Week ended.	Found dead.	Total collected.	Examined.	Found infected.
California:					
Cities—	1912				
Berkeley.....	Nov. 30.....	2	¹ 167	119	None.
Oakland.....	do.....	7	² 572	459	Do.
San Francisco.....	do.....	14	³ 1,594	1,278	Do.
Washington:					
City—					
Seattle.....	Nov. 23.....		1,182	1,113	.....
Do.....	Nov. 30.....		1,014	949	.....

¹ Identified: *Mus norvegicus*, 129; *Mus musculus*, 37; gopher, 1.

² Identified: *Mus norvegicus*, 477; *Mus musculus*, 94; *Mus rattus*, 1.

³ Identified: *Mus norvegicus*, 854; *Mus alexandrinus*, 211; *Mus rattus*, 217; *Mus musculus*, 312.

SQUIRRELS COLLECTED AND EXAMINED FOR PLAGUE INFECTION, CALIFORNIA.

During the week ended November 30, 1912, there were examined for plague infection 137 ground squirrels from San Joaquin County and 50 from Santa Clara County. No plague-infected squirrel was found.

CEREBROSPINAL MENINGITIS.

CASES AND DEATHS REPORTED BY CITY HEALTH AUTHORITIES FOR THE WEEK ENDED NOV. 30, 1912.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Altoona, Pa.....	1	.....	Los Angeles, Cal.....	1	.....
Baltimore, Md.....	.....	1	Nashville, Tenn.....	2	.....
Cambridge, Mass.....	1	.....	New Bedford, Mass.....	1	1
Chicago, Ill.....	2	1	New Orleans, La.....	1	1
Cleveland, Ohio.....	.....	1	New York, N. Y.....	4	1
Columbus, Ohio.....	.....	1	St. Joseph, Mo.....	1	.....
Danville, Ill.....	.....	1	St. Louis, Mo.....	2	2
Galesburg, Ill.....	1	1	San Francisco, Cal.....	1	.....

ERYSIPELAS.

CASES AND DEATHS REPORTED BY CITY HEALTH AUTHORITIES FOR THE WEEK ENDED NOV. 30, 1912.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass.....	.....	1	Nashville, Tenn.....	.....	1
Bridgeport, Conn.....	1	.....	New York, N. Y.....	14	3
Cincinnati, Ohio.....	1	.....	Passaic, N. J.....	2	.....
Cleveland, Ohio.....	4	1	Philadelphia, Pa.....	10	.....
Kalamazoo, Mich.....	1	.....	Pittsburgh, Pa.....	17	.....
Lexington, Ky.....	1	.....	Providence, R. I.....	.....	1
Little Rock, Ark.....	1	1	St. Louis, Mo.....	6	.....
Milwaukee, Wis.....	1	.....	San Francisco, Cal.....	1	2
Morristown, N. J.....	1	.....	Seattle, Wash.....	1	.....

PELLAGRA.

During the week ended November 30 pellagra was reported as follows: Houston, Tex., 1 death; Knoxville, Tenn., 1 death; Montgomery, Ala., 2 deaths; Nashville, Tenn., 1 death; New Orleans, La., 1 death; Oakland, Cal., 3 deaths; St. Joseph, Mo., 1 death.

PNEUMONIA.

CASES AND DEATHS REPORTED BY CITY HEALTH AUTHORITIES FOR
THE WEEK ENDED NOV. 30, 1912.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Ann Arbor, Mich.	1		Melrose, Mass.		1
Auburn, N. Y.	1	3	Mount Vernon, N. Y.	4	
Aurora, Ill.		1	Nashville, Tenn.		2
Baltimore, Md.		15	New Bedford, Mass.		1
Bayonne, N. J.		5	Newburyport, Mass.		1
Berkeley, Cal.	1	2	Newcastle, Pa.	1	
Boston, Mass.		29	New Orleans, La.		11
Bridgeport, Conn.	5	5	New York, N. Y.		98
Brockton, Mass.		3	North Adams, Mass.		2
Buffalo, N. Y.	9	9	Omaha, Nebr.		5
Butte, Mont.		2	Pasadena, Cal.	1	1
Cambridge, Mass.		9	Passaic, N. J.		3
Cambridge, Ohio.		1	Pawtucket, R. I.		1
Chelsea, Mass.		1	Philadelphia, Pa.	34	38
Chicago, Ill.	36	85	Pittsburgh, Pa.	25	33
Chicopee, Mass.		4	Pittsfield, Mass.		1
Cincinnati, Ohio.		12	Portsmouth, Va.		2
Cleveland, Ohio.	21	2	Providence, R. I.		4
Danville, Ill.		1	Reading, Pa.		2
Dayton, Ohio.		2	Richmond, Va.		6
Duluth, Minn.	4	4	Roanoke, Va.		1
Durham, N. Y.	1	1	Rockford, Ill.		2
Elizabeth, N. J.		2	Sacramento, Cal.		5
El Paso, Tex.	1	1	St. Joseph, Mo.		1
Erie, Pa.	1		Salem, Mass.		2
Evansville, Ind.		2	San Francisco, Cal.	4	
Fall River, Mass.		3	Saratoga Springs, N. Y.	2	1
Galesburg, Ill.	1	1	Schenectady, N. Y.	1	1
Harrisburg, Pa.		1	Seattle, Wash.		2
Hartford, Conn.		4	South Bethlehem, Pa.	1	
Houston, Tex.		6	South Omaha, Nebr.	1	
Jersey City, N. J.		8	Spokane, Wash.		3
Kalamazoo, Mich.	1	1	Springfield, Mass.		1
Knoxville, Tenn.		1	Taunton, Mass.		1
La Fayette, Ind.		1	Toledo, Ohio.		7
Los Angeles, Cal.	2	7	Washington, D. C.		9
Lowell, Mass.		3	Wheeling, W. Va.		2
Lynchburg, Va.		1	Wilkes-Barre, Pa.	1	3
Lynn, Mass.		3	Williamsport, Pa.		2
Malden, Mass.		1	Wilmington, N. C.		1
Manchester, N. H.	2	2	Yonkers, N. Y.		3
Marinette, Wis.		2	York, Pa.	1	
Massillon, Ohio.		1	Zanesville, Ohio.		1

POLIOMYELITIS (INFANTILE PARALYSIS).

CASES AND DEATHS REPORTED BY CITY HEALTH AUTHORITIES FOR
THE WEEK ENDED NOV. 30, 1912.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Buffalo, N. Y.	1		New York, N. Y.	11	1
Cambridge, Ohio.		1	Niagara Falls, N. Y.	1	1
Chicago, Ill.		2	Richmond, Va.		1
Cleveland, Ohio.	1		St. Joseph, Mo.	2	
Erie, Pa.	1		San Francisco, Cal.	1	
Lexington, Ky.		2	Toledo, Ohio.	1	

TETANUS.

During the week ended November 30 tetanus was reported as follows: Chicago, Ill., 2 deaths; Little Rock, Ark., 1 case and 1 death; New Orleans, La., 2 deaths; Wilmington, N. C., 1 death.

SMALLPOX.

STATE REPORTS.

This table is compiled from reports made to the Bureau of the United States Public Health Service by the health authorities of certain States and shows the number of cases of smallpox notified to the authorities in these States.

REPORTS RECEIVED DURING WEEK ENDED DEC. 20, 1912.

Places.	Date.	Cases.	Deaths.	Remarks.
Maine:				
Counties—				
Cumberland.....	Nov. 1-30.....	1	.....
Lincoln.....	do.....	4	.....
Oxford.....	do.....	39	.....
Penobscot.....	do.....	1	.....
Piscataquis.....	do.....	1	.....
Sagadahoc.....	do.....	4	.....
Total.....		50	.....
Washington:				
Counties—				
Asotin.....	Oct. 1-31.....	100	.....
Chelan.....	do.....	5	.....
Douglas.....	do.....	2	.....
Klickitat.....	do.....	8	.....
Skamania.....	do.....	3	.....
Spokane.....	do.....	8	.....
Whitman.....	do.....	4	.....
Yakima.....	do.....	24	.....
Total.....		154	.....
Grand total.....		204	.....

CITY REPORTS.

Cases and Deaths Reported by City Health Authorities for the week ended Nov. 30, 1912.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Baltimore, Md.....	2	.....	Newburyport, Mass.....	1	.....
Boston, Mass.....	1	.....	New Orleans, La.....	1	.....
Butte, Mont.....	1	.....	Oakland, Cal.....	5	.....
Chicago, Ill.....	1	.....	Reading, Pa.....	1	.....
Cumberland, Md.....	4	.....	Saratoga Springs, N. Y.....	1	.....
Detroit, Mich.....	9	.....	Seattle, Wash.....	3	.....
Duluth, Minn.....	7	.....	Spokane, Wash.....	1	.....
El Paso, Tex.....	2	.....	Toledo, Ohio.....	1	.....
Evansville, Ind.....	13	.....	Zanesville, Ohio.....	13	.....
La Crosse, Wis.....	3	.....		

MORBIDITY AND MORTALITY.

**MORBIDITY AND MORTALITY TABLES FOR CERTAIN DISEASES,
CITIES OF THE UNITED STATES, FOR WEEK ENDED NOV. 30, 1912.**

Cities.	Popula- tion, United States census 1910.	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Tuber- culosis.		Ty- phoid fever.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Cities having over 500,000 in- habitants.												
Baltimore, Md.	558,485	193	58	10	8	21	32	31	12	2	2	1
Boston, Mass.	670,585	214	38	3	148	2	31	59	27	7	1	1
Chicago, Ill.	2,185,283	594	261	28	115	3	178	12	104	70	18	3
Cleveland, Ohio.	560,663	125	112	8	18	22	3	34	12	4	1	1
New York, N. Y.	4,766,883	1,251	293	22	223	5	182	2	311	152	52	9
Philadelphia, Pa.	1,549,008	430	93	6	127	3	79	4	73	38	23	4
Pittsburgh, Pa.	533,905	169	60	7	318	5	52	2	16	6	5	2
St. Louis, Mo.	687,029	215	72	3	67	26	3	37	11	3	3	2
Cities having from 300,000 to 500,000 inhabitants.												
Buffalo, N. Y.	423,715	138	6	3	128	3	2	1	25	5	2	2
Cincinnati, Ohio.	364,463	126	23	9	200	6	17	27	16	5	5	2
Detroit, Mich.	465,766	123	62	4	1	12	2	17	10	8	3	3
Los Angeles, Cal.	319,198	119	8	1	1	18	27	17	10	8	3	3
Milwaukee, Wis.	373,857	75	13	5	4	11	16	10	8	6	2	2
New Orleans, La.	339,075	194	41	3	16	2	22	17	6	1	1	1
San Francisco, Cal.	416,912	124	13	2	2	22	22	10	6	1	1	1
Washington, D. C.	331,069	115	31	15	7	20	20	10	11	1	1	1
Cities having from 200,000 to 300,000 inhabitants.												
Jersey City, N. J.	267,779	87	23	1	1	1	6	3	3	2	2	2
Providence, R. I.	224,326	87	23	1	1	6	3	3	2	2	2	2
Seattle, Wash.	237,194	37	9	19	5	2	3	4	4	4	4	4
Cities having from 100,000 to 200,000 inhabitants.												
Bridgeport, Conn.	102,054	30	4	5	4	4	4	1	3	1	1	1
Cambridge, Mass.	104,839	28	3	4	1	4	13	3	1	1	1	1
Columbus, Ohio.	181,548	44	14	8	8	2	2	2	2	2	2	2
Dayton, Ohio.	116,577	29	30	2	6	9	4	3	2	2	2	2
Fall River, Mass.	119,295	36	2	3	32	2	1	1	2	1	1	1
Grand Rapids, Mich.	112,571	31	4	3	1	2	1	3	1	1	1	1
Lowell, Mass.	106,294	24	3	1	5	2	4	4	4	4	4	4
Nashville, Tenn.	110,364	37	3	5	2	4	2	5	3	3	3	3
Oakland, Cal.	150,174	37	1	1	1	5	7	1	1	1	1	1
Omaha, Nebr.	124,096	35	1	16	10	1	5	7	1	1	1	1
Richmond, Va.	127,628	51	3	2	1	9	2	1	3	4	4	4
Spokane, Wash.	104,402	1	1	2	1	3	4	4	4	4	4	4
Toledo, Ohio.	168,497	50	19	1	19	1	9	2	1	3	4	4
Worcester, Mass.	145,986	39	16	6	6	4	3	3	3	3	3	3
Cities having from 50,000 to 100,000 inhabitants.												
Altoona, Pa.	52,127	14	5	1	6	1	3	4	1	1	1	1
Bayonne, N. J.	55,545	17	6	6	1	3	4	1	1	1	1	1
Brooklyn, Mass.	56,878	10	12	1	4	8	2	2	2	2	2	2
Camden, N. J.	94,538	18	4	6	2	1	4	1	1	1	1	1
Duluth, Minn.	78,466	14	4	6	2	1	4	1	1	1	1	1
Elizabeth, N. J.	73,409	19	6	7	1	1	2	5	1	1	1	1
Erie, Pa.	66,525	26	16	4	7	2	2	2	2	2	2	2
Evansville, Ind.	69,647	19	6	2	2	4	4	4	4	4	4	4
Harrisburg, Pa.	64,186	19	6	2	3	18	5	1	1	1	1	1
Hartford, Conn.	98,915	10	2	3	1	3	3	1	1	1	1	1
Hoboken, N. J.	90,324	4	2	2	1	1	3	1	1	1	1	1
Houston, Tex.	78,800	40	24	3	1	1	2	4	1	1	1	1
Johnstown, Pa.	55,482	25	3	1	1	1	2	1	1	1	1	1
Lynn, Mass.	89,336	21	5	1	11	4	2	1	1	1	1	1
Manchester, N. H.	70,063	29	7	2	5	2	4	3	2	2	2	2
New Bedford, Mass.	96,652	32	7	1	1	2	1	3	2	2	2	2
Oklahoma City, Okla.	64,205	14	3	1	2	2	1	3	2	2	2	2
Passaic, N. J.	54,773	22	1	1	2	2	1	3	2	2	2	2
Peoria, Ill.	66,970	13	2	2	2	2	2	2	2	2	2	2

MORBIDITY AND MORTALITY—Continued.

Morbidity and mortality table for certain diseases, cities of the United States, for week ended Nov. 30, 1912—Continued.

Cities.	Popula- tion, United States census 1910.	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Tuber- culosis.		Ty- phoid fever.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<i>Cities having from 50,000 to 100,000 inhabitants—Con.</i>												
Reading, Pa.	96,071	29	6	1	5		2		1	4	4	
Saginaw, Mich.	50,510	10	8		18		5	1			3	
St. Joseph, Mo.	77,403	11	1				3		5	2		
Schenectady, N. Y.	72,826	23			1		4		3	2	1	
South Bend, Ind.	53,684	10	1				2			2	1	
Springfield, Mass.	88,926	21	3		3		2		1	3	2	
Trenton, N. J.	96,815	32	11	1	4		4		5	4	1	
Wilkes-Barre, Pa.	67,105	25	1	1			4		2		2	
Yonkers, N. Y.	79,803	23	15	1			2		5	2	1	
<i>Cities having from 25,000 to 50,000 inhabitants.</i>												
Atlantic City, N. J.	46,150	9	3				4					
Auburn, N. Y.	34,668	12					1		2	2		
Aurora, Ill.	29,807	10	1	1								
Berkeley, Cal.	40,434	13		1							1	
Brookline, Mass.	27,792	6					1					
Butte, Mont.	39,165	17					5			4		
Chelsea, Mass.	32,452	11	1		1		2			1		
Chicopee, Mass.	25,401	19	1		4						1	
Danville, Ill.	27,871	5	4		3							
East Orange, N. J.	34,371		2				1		1		1	1
Elmira, N. Y.	37,176	8	5				2		1			
El Paso, Tex.	39,279	13			1		2	1		2		
Everett, Mass.	33,484	8	2							1	1	
Fitchburg, Mass.	37,826	15			3		2		4			
Haverhill, Mass.	44,115	8	1	1			3					
Kalamazoo, Mich.	39,437	15	1		2				1			
Knoxville, Tenn.	36,346	11										
La Crosse, Wis.	30,417	8	2	1			1					
Lancaster, Pa.	47,227	9			1		1					
Lexington, Ky.	35,099	10	3						1	1	2	
Little Rock, Ark.	45,941		1				5				2	
Lynchburg, Va.	29,494	9	1						2	3		
Malden, Mass.	44,404	9	3		1		3				2	
Montgomery, Ala.	38,136	22	3						1		2	
Mount Vernon, N. Y.	30,919				1							
Newcastle, Pa.	36,280		3				2				3	
Newport, Ky.	30,309	9	3				5		2	2		
Niagara Falls, N. Y.	30,445	10	1	1	10		2				2	
Norristown, Pa.	27,875	7	2							1	1	
Orange, N. J.	29,630								3			
Pasadena, Cal.	30,291	11	1						1	2	1	
Pittsfield, Mass.	32,121	8					2					
Portsmouth, Va.	33,190	17	5							2		
Racine, Wis.	38,002	12	5									
Roanoke, Va.	34,874	8	1				4		3		1	
Rockford, Ill.	45,401	26	3							2	1	2
Sacramento, Cal.	44,696	29								4		
Salem, Mass.	43,697	10					1		2	1		
San Diego, Cal.	39,578	5	1	1					3	3	1	1
South Omaha, Nebr.	26,259	6							1			
Springfield, Ohio.	46,921		8	4			13	1	2			
Superior, Wis.	40,384	12	3				1			1		
Taunton, Mass.	34,259	7					1					
Waltham, Mass.	27,834	6	6				3			2		1
West Hoboken, N. J.	35,403		1		1							
Wheeling, W. Va.	41,641	10	11		10		2		1	1	3	
Williamsport, Pa.	31,860	7	1		1		1					
Wilmington, N. C.	25,748	14	4		1					1		
York, Pa.	44,750		1		12				2		1	
Zanesville, Ohio.	28,026	7	3				1				7	

MORBIDITY AND MORTALITY—Continued.

Morbidity and mortality table for certain diseases, cities of the United States, for week ended Nov. 30, 1912—Continued.

Cities.	Popula- tion, United States census 1910.	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Tuber- culosis.		Ty- phoid fever.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<i>Cities having less than 25,000 inhabitants.</i>												
Alameda, Cal.	23,833	4							1	2		
Ann Arbor, Mich.	14,817	6					2					
Bennington, Vt.		6									1	
Biddeford, Me.	17,079	10		1								
Braddock, Pa.	17,759		5		9		2				1	
Cambridge, Ohio.	11,327	3										
Clinton, Mass.	13,075	4			29							
Coffeyville, Kans.	12,687		1									
Columbus, Ind.			2									
Concord, N. H.	21,497	11										
Cumberland, Md.	21,839	6					2		1		2	
Dunkirk, N. Y.		4	2		1		1		2	1		
Galesburg, Ill.	22,089	8	2									
Harrison, N. J.	14,489	4					1				1	
Kearny, N. J.	18,659	5	1		1							
La Fayette, Ind.	20,081	6					1					
Logansport, Ind.		7	1				1					
Marinette, Wis.	14,610	3					1				1	
Marlboro, Mass.	14,749	4										
Massillon, Ohio.	23,830	3	1							1		
Medford, Mass.	23,150	7	1						1	1		
Melrose, Mass.	15,715	2	2									
Moline, Ill.	24,190	5	1		1					2	2	
Montclair, N. J.	21,450	3								1		
Morristown, N. J.	12,507	2	4		1				1	1		
Nanticoke, Pa.	18,857	6	4							1		
Newburyport, Mass.	19,240	4										
North Adams, Mass.	22,019	7	1				2					
Northampton, Mass.	19,431	9										
Ottumwa, Iowa.	23,012	10	2				3					
Plainfield, N. J.	23,550	3							1			
Saratoga Springs, N. Y.		6							1			
South Bethlehem, Pa.		11			2					1		
Steelton, Pa.	14,476	7	2	1								
Warren, Pa.	11,080	3			3		4					
Woburn, Mass.	18,594	3	3	1					1	1		

FOREIGN AND INSULAR.

CHINA.

Amoy—Cholera and Plague no Longer Epidemic.

It was reported from Amoy October 30 that cholera and plague were no longer epidemic in Amoy.

Hongkong—Examination of Emigrants for Hookworm Disease.

Under date of October 23 information has been received in regard to the examination at Hongkong of alien emigrants previous to departure for United States ports, in lieu of the examination at the port of arrival, as the result of a recent ruling by the United States immigration authorities.

Facilities have been provided for these examinations, and, to the date of the report, about 200 Chinese had been examined. Of these, all of whom were from the better class of Chinese, 40 to 50 per cent were found infected with hookworm. It is thought the rate of infection among the coolie class may be as great as 80 per cent.

Shanghai—Plague Outbreak.

A report from Shanghai, dated November 14, records the occurrence of an outbreak of plague in Shanghai, as follows:

The first human case of this disease this year was discovered on the 2d instant. From then until and including the present date 15 cases in all, with 8 deaths, have been discovered by the health department. One case only was reported on the 12th instant. The patients are being cared for at the Chinese Isolation Hospital outside of the settlement. This institution is under Chinese jurisdiction entirely, but there is a foreign physician connected therewith in the capacity of a consultant.

All of the cases so far discovered have originated in a circumscribed area in the heart of the settlement and practically fronting on the Soochow Creek, a large stream coming down from the interior, and upon which are situated godowns accommodating goods from the country, and goods landed here from steamers, both local and foreign. The focus is about the same as that in which most of the cases occurred during the last recrudescence of the disease in Shanghai.

Infected rats to the total number of six have been found in this area during the last four or five weeks, besides a large number of dead rats, which, because of their decomposed condition, could not be examined. The last infected rat was found about two weeks ago, coincident almost with the finding of the first human case.

The type of the disease has been entirely bubonic, and none but natives have been afflicted so far.

Because of the fact that all steamers destined for American ports are required to remain in the stream while here (with very rare exceptions, which are fully noted on the bills of health) and are loaded from foreign-owned lighters, which are fumigated periodically to free them from rats, and which in addition are required to use rat guards while alongside, and do almost all the loading in daylight, it is thought that there is little or no danger of the disease gaining access to the ships by means of rats.

Cargo is carefully supervised, and every precaution is taken to prevent, so far as is possible, the access to the vessels of persons who might be carriers of the disease. With regard to this latter, however, in case of vessels remaining here for some days the crew can not be prevented from getting ashore, and of course lighter coolies have free access to all parts of the ship. The personnel, however, of such vessels as come up the river to Shanghai is carefully inspected as near as practicable to the hour of departure, with the exception of cabin passengers, and the crew and steerage passengers originating here, or on vessels bound direct to American ports, are bathed and their effects disinfected.

CUBA.

Transmissible Diseases.

Nov. 20 to 30, 1912.

Diseases.	New cases.	Deaths.	Under treatment.
Leprosy.....		1	245
Malaria.....	3		3
Typhoid fever.....	12	4	35
Diphtheria.....	13		7
Scarlet fever.....	7		9
Measles.....	1		2
Varicella.....	1		
Tetanus in new born.....	1	1	
Paratyphoid.....	2		5

HAWAII.

Kukuihaele—Plague.

Surg. Trotter at Honolulu reports, December 17, the occurrence on December 16 of 3 deaths from plague at Kukuihaele. One of these deaths was from the pneumonic and 2 from the bubonic form of the disease.

ITALY.

Leghorn—Typhus Fever.

Report from Leghorn, November 25, stated that there had been 1 case of typhus fever, with 1 death, in Leghorn during the week ended November 23.

JAPAN.

Cholera.

Report from Yokohama, dated November 18, states that during the week ended November 16 there were reported in Japan 185 new cases of cholera. The total number since the beginning of the outbreak is 2,329.

In Formosa 259 cases of cholera with 168 deaths were reported from the beginning of the outbreak to November 7.

PHILIPPINE ISLANDS.

Manila—Plague.

Passed Asst. Surg. Heiser, chief quarantine officer and director of health of the Philippine Islands, reports as follows: During the week ended October 26 there were reported in Manila 17 cases of plague, with 15 deaths. During the 3 days—October 20, 21, and 22—more cases of plague occurred in Manila than during the preceding 4 months. During the week ended November 2, 3 cases of plague, with 3 deaths, were reported, and during the week ended November 9, 1 case and 1 death.

The total number of cases reported to November 9 was 33. Total deaths to November 9 was 31.

AN EXPLOSIVE OUTBREAK OF PLAGUE IN MANILA.

During the period October 20 to 22, more cases of plague occurred in Manila than during the preceding 4 months. Upon investigation it was found that approximately 3 weeks ago large numbers of rats were found to be dying in a freight warehouse of the Manila & Dagupan Railway Co. Some mornings as many as 40 dead rats were counted. The disease spread to a nearby freight warehouse, and an extensive mortality among rats soon occurred there. On October 20 a passenger who was about to proceed to Malolos from the Manila passenger station dropped dead, and upon investigation it was found that death was due to plague. On the 21st another death from plague occurred, an investigation of which showed that not only this man but also the one that had died on the day before were laborers in the freight warehouse of the Manila & Dagupan Railroad. Examination of the rolls of the employees showed that 11 others, employees in the same warehouse, were absent, and, upon these being traced, it was found that they had all been stricken with plague.

All the goods in the warehouses was moved and the wooden floors were taken up and a number of dead rats were found. The buildings were thoroughly saturated with kerosene and then wet down with carbolic solution. Since that time there have been several more cases of plague which were in all probability contracted in the warehouse. Among these was a small boy who was in the habit of taking lunch to his father who worked in the warehouse, and sharing the meal with him.

Since the outbreak of plague occurred at the railroad station infected rats have been found in increasing numbers in widely separated sections of the city.

One American child, aged 5, was stricken with plague, which may possibly have been contracted at a cinematograph show which is located in the neighborhood in which infected rats have been found. The child wore the customary tropical dress, namely, shoes and socks and ordinary short dress to the knees, the legs being bare from the shoe tops to the hips.

Dr. Heiser further reported November 14 that the measures which were taken with regard to the outbreak of plague among the laborers at the Manila and Dagupan freight station had apparently been successful, as no further cases of plague had occurred among these

laborers; in combating this explosive outbreak the principal reliance was placed upon wetting down with kerosene all surfaces in the station warehouses on which rats were likely to have been, thus insuring the speedy destruction of plague fleas; there had also been a sharp decline in the number of human cases, only one case having been reported during the week ended November 9; rats were then being caught at the rate of about 10,000 a month, but during the past three weeks no plague rats had been encountered.

PORTO RICO.

Plague Situation.

Passed Asst. Surg. Creel reports:

Rats examined Nov. 23 to 30, 1912.

Places.	Rats examined.	Rats found infected.
All Porto Rico.....	1,103	.....
San Juan municipality:		
San Juan.....	81	.....
Puerta de Tierra.....	87	.....

A summary of the plague situation to November 30, 1912, including human and rodent cases reported or discovered, was as follows: Rats examined, 31,320; rats found infected, 66; human cases 56; deaths 36. The last case of plague in man occurred in San Juan September 12, 1912; the last plague-infected rat was found at Arecibo October 30.

SPAIN.

Almeria—Smallpox.

A report from Almeria, dated November 20, states that the epidemic of smallpox, which began in Almeria in July, 1912, had steadily grown worse. The disease was at first confined largely to children, but the reports indicate that later a greater proportion of adults were attacked by the malady. At the time of the report the epidemic was considered to be but little worse than it had been a month earlier. In the infected districts, house to house vaccination of the inmates and disinfection of rooms and clothing were being carried out.

VENEZUELA.

La Guaira—Yellow Fever.

It is reported from La Guaira November 26 that during the period from November 12 to 26 there had been reported 4 cases of yellow fever, with 2 deaths, in La Guaira.

On November 20 the American consul at La Guaira fell sick, and on November 22 his illness was diagnosed yellow fever.

ZANZIBAR.**Zanzibar—Cholera.**

Reports from Zanzibar for the period from October 22 to November 7 state that 260 cases of cholera, with 259 deaths, occurred in Mwera, Chwaka, and Mkokotoni districts. No case of cholera had been reported in the town of Zanzibar or its suburbs since October 26, 1912.

MOVEMENTS OF INFECTED VESSELS.¹**CHOLERA.**

Russian vessel, Nagasaki, Japan, August 10 and 13, 1912, 2 cases of cholera in personnel of vessel. (Name of vessel and its itinerary not given.)

Otaru Maru, Nagasaki, Japan, August 23, 1912, from Shanghai, 1 case of cholera in crew.

Kuchinotsu, Japan, August 29, 1912, from Shanghai, via Nagasaki, 1 case of cholera on board.

Yokohama Maru, Moji, Japan, August 21, 1912, from Hongkong August 13, via Shanghai August 18, 1 case of cholera in the person of a first-class passenger; August 29, another case on board.

Mexico Maru, Moji, Japan, August 29, 1912, from Hongkong August 17, via Shanghai, 4 cases of cholera on board.

Penza, Nagasaki, Japan, August 29, 1912, from Shanghai, 1 case of cholera on board.

Seiun Maru, Nagasaki, Japan, August 29, 1912, from Shanghai, 4 cases of cholera on board.

Nitsusho Maru, Dairen, China, August 23, 1912, from Shanghai, 3 cases of cholera on board.

Kobe, Japan, August 28, 1912, from Shanghai, via Dairen, 3 cases of cholera on board.

Kobe Maru, Dairen, China, August 23, 1912, from Shanghai, 1 case of cholera on board.

PLAGUE.

India, Aden, Arabia, July 1, 1912, from Bombay June 22, 1 case of plague on board.

Guillermite, Arroyo, P. R., July 2, 1912, from San Juan, 1 case of plague on board.

Ezan Maru, at sea, July 15 to 20, 1912, from Miike to Hongkong, 3 cases of plague on board.

Amphitrite, Trieste, Austria, July 14 to 25, 1912, from Mersina, via Port Said and Alexandria, 2 cases of plague on board.

Bellailsa, Hamburg, Germany, September 2 to 5, 1912, from Rosario July 2, via Cape Verde Islands, 2 cases of plague in crew. River Tyne, September 28, 1912, from Hamburg, 1 case of plague in crew.

¹ Reported since July 1, 1912.

YELLOW FEVER.

Chile, Panama, Canal Zone, July 14, 1912, from Guayaquil, 1 case of yellow fever on board.

Valkyrien, Frontera, Mexico, August 19 to 21, 1912, from Maracaibo June 18, 2 cases of yellow fever on board.

Puebla, Laguna del Carmen, Mexico, September 14, 1912, from Vera Cruz and other Mexican ports, 1 case of yellow fever on board.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.

REPORTS RECEIVED DURING WEEK ENDED DEC. 20, 1912.

[These tables include cases and deaths recorded in reports received by the Surgeon General, Public Health Service, from American consuls through the Department of State, and from other sources.]

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Dutch East Indies:				
Java—				
Batavia.....	Oct. 20-Nov. 2....	69	55	
India:				
Bombay.....	{Oct. 27-Nov. 2....	2	1	
	{Nov. 3-9.....	1	1	
Calcutta.....	{Sept. 29-Oct. 5....	.....	8	
	{Oct. 6-26.....	.....	62	
Cochin.....	Oct. 5-11.....	13	13	
Cocanada.....	do.....	1	1	
Japan.....	Nov. 10-16.....	185	.....	Total Aug. 1-Nov. 16: Cases, 2,329.
Formosa—				
Tai-hoku and Kelung..	June 27-Nov. 7....	259	168	
Fukuoka ken.....	Aug. 1-31.....	1	1	Not previously reported.
Hiogo ken—				
Kobe.....	Nov. 11-17.....	1	1	
Kanagawa ken, Yokohama.	Nov. 12-18.....	6	5	
Okinawa ken.....	Aug. 1-31.....	26	12	
Straits Settlements:				
Singapore.....	Oct. 27-Nov. 4....	1	1	
Turkey in Asia:				
Adana—				
Adana.....	{Oct. 17-29.....	4	2	
	{Oct. 30-Nov. 16....	3	7	
Deurt Yol.....	{Oct. 10-29.....	4	1	
	{Nov. 1-16.....	.....	2	
Djihan.....	Oct. 10-Nov. 8....	1	1	
Tarsus.....	Oct. 30-Nov. 8....	1	.....
Aleppo—				
Aleppo.....	do.....	.....	2	
Alexandretta.....	{Oct. 17-29.....	1	1	
	{Oct. 8-15.....	22	13	
Bilan.....	Nov. 10-16.....	1	.....
Ourfa.....	Oct. 10-16.....	3	2	
Reca.....	Oct. 29-Nov. 8....	.....	1	
Angora—				
Tomarza.....	{Nov. 10-16.....	37	18	
	{Oct. 17-29.....	27	23	
	{Oct. 30-Nov. 8....	1	3	
Bitilis—				
Guendiz.....	Oct. 10-16.....	5	7	
Brousse.....	Nov. 10-16.....	3	2	
Chemuk.....	Oct. 17-29.....	3	.....
Diarbekir.....	Oct. 10-Nov. 16....	31	102	
Severek.....	do.....	13	10	
Viran Chehir.....	Oct. 17-Nov. 8....	6	14	
Hedjaz—				
Medina.....	{Oct. 10-29.....	.....	50	
	{Nov. 1-15.....	.....	22	
Mekka.....	{Oct. 17-29.....	1	5	
	{Oct. 30-Nov. 8....	42	91	
Karassi.....	Nov. 9-16.....	1	.....
Konia—				
Egredi.....	Oct. 30-Nov. 8....	1	.....
Oulou Kiehla.....	do.....	23	12	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received during week ended Dec. 20, 1912.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Turkey in Asia—Continued.				
Ismid.....	Nov. 9-16.....	2	5	
Nardine.....	Oct. 30-Nov. 8.....	4	4	
Syria.....	Oct. 29-Nov. 16.....	13	20	
Baalbek.....	Oct. 17-29.....	3	3	
Damascus.....	Oct. 17-29.....	1	2	
Latakia.....	.....do.....	6	5	
Zor.....	Oct. 10-29.....	26	27	
	Nov. 1-8.....	8	7	
Turkey in Europe:				
Constantinople.....	Nov. 19-25.....	347	193	Total Nov. 5-25: Cases 615, deaths 292. Of these 195 cases and 125 deaths were among immigrants.
Zanzibar.....	Oct. 22-31.....	155	154	From Mwera, Chwaka, and Mokotoni districts. No cases in the city since Oct. 26.
	Nov. 1-7.....	105	105	

YELLOW FEVER.

Venezuela:				
Caracas.....	Nov. 1-26.....	5	2	
La Guaira.....	Nov. 16-26.....	4	2	
Maiquetia.....	Nov. 24.....	1	1	

PLAGUE.

Brazil:				
Pernambuco.....	Oct. 1-31.....		2	
China:				
Shanghai.....	Nov. 2-14.....	2	6	Not included in previous reports.
Hawaii:				
Kukuihaele.....	Dec. 17.....		3	1 of these pneumonic; 2 bubonic.
India:				
Bombay.....	Oct. 27-Nov. 9.....	6	3	
Calcutta.....	Sept. 29-Oct. 26.....		15	
Mauritius.....	Sept. 27-Oct. 3.....	28	16	
Morocco:				
Casablanca.....	Nov. 1.....	8	2	
Rabat.....	Oct. 31.....			Present.
Persia:				
Kareh.....	Oct. 23-24.....	3	2	
Philippine Islands:				
Manila.....	Oct. 20-26.....	17	15	First quarter 1912, no case and no death. Second quarter: Cases 2, deaths 2.
	Oct. 27-Nov. 9.....	4	4	

SMALLPOX.

Algeria:				
Departments—				
Algiers.....	Sept. 1-30.....	7		
Constantine.....	.....do.....	10		
Oran.....	.....do.....	10		
Brazil:				
Pernambuco.....	Oct. 1-31.....		25	
Canada:				
Montreal.....	Nov. 24-Dec. 7.....	28	1	
Quebec.....	Nov. 17-30.....	16		
St. Johns.....	Dec. 1-7.....	1		
China:				
Tientsin.....	Nov. 10-16.....		1	
Egypt:				
Alexandria.....	Nov. 12-18.....	1		
Germany.....	Nov. 17-23.....	1		
India:				
Calcutta.....	Sept. 29-Oct. 12.....		3	
Madras.....	Nov. 3-9.....	3		
Mexico:				
Guadalajara.....	Dec. 1-7.....	1		
Salina Cruz.....	Nov. 16.....	1		

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received during week ended Dec, 20, 1912.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands: Manila.....				First quarter, 1912: Cases 366, deaths 0. Second quarter: Cases 187, deaths 0.
Russia: St. Petersburg.....	Nov. 8-16.....	11	2	
Spain: Cadiz.....	Oct. 1-31.....		7	
Denia.....	Nov. 24-30.....	1	1	
Straits Settlements: Singapore.....	Oct. 27-Nov. 2....	1		
Syria: Beirut.....	Nov. 10-16.....	1		
Union of South Africa: Johannesburg.....	Sept. 14-28.....	2		
Zanzibar: Zanzibar.....	Oct. 22-26.....	6	1	From s. s. Answald, from Madagascar.

REPORTS RECEIVED FROM JUNE 29 TO DEC. 13, 1912.

[For reports received from Dec. 30, 1911, to June 28, 1912, see PUBLIC HEALTH REPORTS for June 28, 1912. In accordance with custom, the tables of epidemic diseases are terminated semiannually and new tables begun.]

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary: Hungary— Csongrad, district Mindszent.....	July 17-22.....	1	1	
Ceylon: Colombo.....	May 19-25.....	1		In the port.
China: Amoy.....	June 16-Aug. 24...	12	60	June 1-20, present in vicinity. Aug. 23-29, 3 cases on s. s. Nitsusho Maru and 1 case on s. s. Kobe Maru from Shanghai.
Dairen.....				
Hankow.....	Sept. 15-Oct. 12...	6	2	
Hoihow.....				July 5, 15 to 20 deaths daily; Aug. 3, decreasing. The seaport of the island of Hainan.
Nanking.....	Aug. 29.....	14	1	Among Europeans. Endemic.
Pechuia.....	Sept. 9.....	14		30 to 40 deaths daily; 15 miles from Amoy.
Shanghai.....	July 15-Sept. 25...	20	8	Among Europeans. Among natives increasing to end of August.
Swatow.....	July 20-Aug. 5....		41	July 20-25, 3 cases, 1 death among Europeans. Among Europeans June 1-22, sporadic cases occurring in the port.
Dutch East Indies: Java— Batavia.....	June 16-Oct. 19...	332	264	Sept. 28-Oct. 19, 60 cases and 22 deaths among Europeans.
Paseroean Residency...	Aug. 2-29.....	20	27	
Rembang, Province...	May 31-June 13...	2	3	
Semarang.....	June 10-20.....	1	1	Sept. 23, present.
Surabaya.....	Mar. 28-Sept. 22...	44	31	
Sumatra— Djambi, Province...	Aug. 10-12.....	164	139	
Padangsche, Upperland Section Agam.	May 26-June 22...	37	35	Present Sept. 16.
Tapanoei, Province...	July 11.....			Present.
India: Bassein.....	May 5-July 20.....	35	26	
Bombay.....	May 19-Oct. 26...	1,917	1,494	
Calcutta.....	May 5-Sept. 28...		571	Apr. 21-27, 87 deaths. Received out of date.
Cocanada.....	Aug. 24-Sept. 27...		12	
Karachi.....	Aug. 14-Sept. 14...	140	65	Report of deaths incomplete; nearly all cases fatal.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from June 29 to Dec. 13, 1912.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Madras.....	May 19–Nov. 2....	229	169	Madras Presidency, May 1–Sept. 30; cases, 62,299; deaths, 33,454.
Maulmain.....	May 5–Aug. 17....	22	22	
Rangoon.....	Apr. 1–Sept. 30....	104	75	
Indo-China:				
Saigon.....	May 14–Aug. 19....	634	514	
Italy:				
Sardinia—				
Cagliari.....	Aug. 14–Oct. 13....	64	20	
Japan.....				Total to Nov. 9: Cases, 1,924.
Chiba ken.....	To Nov. 8.....	71		
Fhime ken.....	Sept. 21–Nov. 8....	112		
Formosa.....	June 16–Aug. 31....	65	34	
Kelung.....	June 27.....			Epidemic.
Fukuoka ken.....	Sept. 1–Nov. 8....	672		
Hiroshima ken.....	Sept. 21–Nov. 1....	27		
Hyogo ken.....	Sept. 27–Nov. 8....	57		
Kobe.....	Sept. 15–Oct. 27....	23	14	Including Kobe. Aug. 28, 3 cases on s. s. Nitsusho Maru; Sept. 12–18, 2 cases, 1 death in the suburbs.
Kagawa ken.....	Oct. 12–Nov. 8....	31		
Kagoshima ken.....	Sept. 21–Oct. 18....	5		
Kanagawa ken.....	Oct. 19–Nov. 8....	16		
Daishi-kawara.....	Sept. 25–Oct. 21....	10		
Hira-tsuka.....	do.....	1		
Hodo-gawa.....	do.....	2		
Kawasaki.....	do.....	15		
Nama-mugi.....	do.....	8		
Sumiyoshi-mura.....	do.....	1		
Tajima-mura.....	do.....	1		
Tsurumi.....	do.....	1		
Yokohama.....	do.....	15	15	
Kiushiu.....				
Kuchinotsu.....				Aug. 21–29, 1 case on s. s. Otara Maru from Shanghai.
Miike.....	Sept. 1–15.....	20	13	
Mitsui coal mines.....	Sept. 23.....			Present.
Moji.....	Sept. 1–7.....	7	2	Aug. 21–29, 2 cases on s. s. Yokohama Maru, and 4 cases on s. s. Mexico Maru from Shanghai. Total to Sept. 23, 141 cases.
Shimabara.....	To Sept. 15.....	3	1	
Wakamatsu.....	do.....	68	21	
Kochi ken.....	Oct. 19–Nov. 8....	17		
Kumamoto ken.....	Sept. 21–Nov. 1....	11		
Kyoto fu.....	do.....	6		
Kyoto.....	Sept. 10–19.....	4	2	
Miyako Islands.....	July 10.....	81		
Nagasaki ken.....	Sept. 21–Nov. 8....	108		
Nagasaki.....	Oct. 6–20.....	2	2	Aug. 10–13, 2 cases among the personnel of vessel of the Russian volunteer fleet. Aug. 21–29, 1 case on s. s. Penza, 4 cases on s. s. Seibun Maru, and 1 case on s. s. Otara Maru from Shanghai.
Oita ken.....	Sept. 21–Nov. 8....	40		
Okayama ken.....	do.....	65		
Osaka fu.....	do.....	97		
Osaka.....	Sept. 11–Oct. 11....	32	22	
Saga ken.....	Sept. 21–Nov. 8....	81		
Saitama ken.....	Oct. 12–18.....	1		
Shizuoka ken.....	Oct. 19–Nov. 8....	36		
Shimonoseki.....	Sept. 23.....	40	13	
Tokushima ken.....	Oct. 12–Nov. 1....	6		
Tokyo fu.....	Sept. 23–Nov. 8....	182		
Tokyo.....	Sept. 24–30.....	26		
Wakayama ken.....	Oct. 19–Nov. 8....	4		
Yamaguchi ken.....	Sept. 21–Nov. 8....	313		
Other districts.....				To Oct. 13, 161 cases.
Persia:				
Ahwaz.....	Sept. 29–Oct. 5....	3		
Russian Empire:				
Astrakhan.....	June 11–July 27....	6	2	
Siam:				
Bangkok.....	Sept. 11–Oct. 12....		1,036	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from June 29 to Dec. 13, 1912.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Straits Settlements:				
Singapore.....	May 12-Oct. 12.....	105	94	
Turkey in Asia:				
Beirut.....	Aug. 6-Sept. 22.....	15	9	
Bitilis.....	Oct. 1-9.....	11	14	
Cesaree.....	do.....	1		
Damascus.....	July 18-Oct. 13.....	327	262	And vicinity.
Provinces—				
Adana—				
Adana.....	May 14-Aug. 1.....	17	12	
Ak Keupru.....	Apr. 8-June 13.....	12	6	
Ayas.....	June 11-24.....	12	4	
Bor.....	May 28-Aug. 10.....	24	23	
Deurt Yol.....	Sept. 16-22.....	7	4	
Dijhan.....	May 28-July 27.....	14	11	
Dornach Bache.....	do.....	4	5	
Nigde.....	June 15-Aug. 24.....	72	80	
Oula Kiehla.....	May 28-July 6.....	5	10	
Sis.....	May 28-June 15.....	5	5	
Tarsus.....	May 28-July 9.....	21	9	
Aleppo—				
Aleppo.....	May 19-Nov. 2.....	322	278	
Alexandretta.....	May 28-Aug. 1.....	8	3	
Amk.....	July 1-6.....	5	4	
Aintab.....	July 1-Oct. 9.....	23	30	
Antioch.....	Apr. 17-Oct. 9.....	28	31	
Arka.....	Apr. 17.....	10	4	
Bilan.....	Sept. 8-15.....	7		
Bierdjik.....	Sept. 23-30.....	1	2	
Djibri-Chougour.....	June 23-Sept. 7.....	17	5	
Delbeston.....	July 23-Sept. 15.....	11	2	
Elbistan.....	Sept. 23-Oct. 9.....	8	4	
Gisser.....	July 7-13.....	13	6	
Harem.....	June 23-July 22.....	47	33	
Hersem.....	June 1-6.....	5	4	
Idlb.	June 23-July 8.....	6	5	
Keudige.....	June 23-29.....	4		
Killis.....	June 16-Oct. 9.....	45	21	
Kirikui.....	July 14-22.....	2	2	
Marach.....	June 15-Sept. 7.....	212	103	
Ourfa.....	Aug. 20-Oct. 9.....	69	64	
Reca.....	Aug. 23-Sept. 30.....	19	13	
Sarenda.....	July 1-6.....	7	6	
Talacrin.....	do.....	3	3	
Angora—				
Chehissar.....	June 10-July 29.....	3	8	
Iskilib.....	Aug. 26-Sept. 7.....	4		
Nehie-Tomarza.....	July 29-Oct. 9.....	20	10	
Sandal.....	June 28-July 5.....	4	9	
Ufkure.....	Sept. 9-22.....	13	13	
Bagdad—				
Dier-el-Zor.....	Sept. 30-Oct. 16.....	233	187	
Diarbekir.....	Aug. 21-Oct. 9.....	27	41	
Viran-Chehir.....	Aug. 21-Sept. 30.....	15	13	
Erzeroum—				
Hassan-Mansour.....	July 31-Sept. 7.....	25	11	
Heiaz—				
Medina.....	Oct. 1-9.....		32	
Mekka.....	do.....	5	4	Present among troops and pilgrims, Sept. 26.
Konia—				
Alaya.....	July 14-27.....	1	1	
Ergeli.....	June 18-Sept. 15.....	98	55	
New Chehir.....	July 30-Sept. 30.....	117	75	
Oulou-Kiehla.....	Sept. 15.....	4	4	
Mersina.....	June 9-July 28.....	40	33	
Severek.....	Aug. 14-17.....	3	8	
Sivas—				
Darendé.....	Sept. 23-30.....	5	4	
Smyrna—				
Smyrna.....	Sept. 1-15.....		1	
Syria.	July 19-Oct. 9.....	81	76	
Latakia.....	Aug. 31-Sept. 7.....	2	3	
Tarsus.....	June 25-July 9.....	11	16	
Zor.....	Oct. 1-9.....	5	4	
Turkey in Europe:				
Constantinople.....	Nov. 5-18.....	268	99	Many immigrants.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from June 29 to Dec. 13, 1912.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Zanzibar.....	Aug. 5-Oct. 21....	155	125	Outbreak in the native prison. Only 1 case in the city. Including Aug. 5-Sept. 7, 15 cases at Mwera, 4 at Bububu, 1 at Mtoni, 6 among prisoners, 2 at N'Gambo district, 9 at Kibonde-Mzungu, 2 in Fuoni, and 4 in Walezo. Oct. 8-21, 26 cases from Mwera, 6 from Chwaka, and 11 from Mkoko-toni districts.

YELLOW FEVER.

Brazil:				
Ceara.....	July 1-31.....	1		
Manaos.....	June 2-Nov. 30....		35	
Pernambuco.....	Apr. 16-July 15....		12	
Chile:				
Toco district.....	May 1-16.....	62	17	
Tocopilla.....	May 1-June 17....	502	195	Total Jan. 28-June 17: Cases, 1,072; deaths, 374, including report, p. 1058, Pt. I.
Colombia:				
Barranquilla.....	July 14-20.....		1	From up Magdalena River.
Dahomey:				
Abomey.....	May 25-June 5....	6	3	
Porto Novo.....	June 13.....		1	
Ecuador:				
Bucay.....	June 1-15.....	1		
Chobo.....	June 15-30.....	2	1	
Duran.....	May 1-Oct. 31....	3	2	
Guayaquil.....	May 1-Nov. 15....	73	49	
Milagro.....	May 16-Nov. 15....	13	7	
Maranjito.....	May 1-Nov. 15....	26	13	
Yaguachi.....	May 16-June 30....	2	1	
Mexico:				
Campeche—				
Carmen.....	Sept. 6-29.....	2	2	The fatal case Sept. 6 on s. s. Puebla, from Vera Cruz and other Mexican ports.
Tabasco.....	Oct. 11.....		2	
Cardenas.....	Oct. 16.....			Present.
Comalcalco.....	Sept. 28-Nov. 3....	5	3	
Cunduacan.....	Oct. 12.....	1		
Huimanguillo.....	Oct. 11.....	1		
Frontera.....	Aug. 31-Oct. 11....	10	3	Aug. 19-21, 2 cases and 1 death on the Swedish schooner Valkyrien.
Jalapa.....	Oct. 11-Nov. 16....	2		
San Juan Bautista.....	June 23-Nov. 3....	36	10	Total May 4-Nov. 3: Cases, 58; deaths, 25, including previous reports.
Sitio Grande.....	Oct. 27-Nov. 2....	1	1	
Yucatan.....				Aug. 1, 1911, to Nov. 9, 1912, 73 cases, 34 deaths.
Espita.....	Aug. 25-30.....	1		
Merida.....	July 14-Nov. 17....	7	4	Total Aug. 1, 1911-Nov. 17, 1912: Cases, 74; deaths, 35, including previous reports. The 2 cases July 16-22 from Motul, 29 miles distant.
Canal Zone:				
Panama.....	July 14.....	1	1	At Santo Tomas Hospital, from s. s. Chile, from Guayaquil.
Peru:				
Iquitos.....	Jan. 1-May 31....		42	Endemic. Year 1908, deaths, 11; 1910, 1; 1911, 76.
Do.....	July 1-31.....		1	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from June 29 to Dec. 13, 1912.

YELLOW FEVER—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Venezuela:				
Caracas.....	May 1-Oct. 31.....		13	July 22, 3 cases from El Valle; 1 case from Villa de Cura, about 29 miles distant; and to July 31, 2 other cases; Caracas, Nov. 2, 2 cases. Total Jan. 1-Nov. 2: Cases, 44; deaths, 19, including previous reports. Sept. 24, 1 case from Cua; Sept. 26, 1 case from Ocumare. Year 1911: Cases, 172; deaths, 107.
La Guaira.....	Oct. 20-26.....	1		May 1, 1 case.
Cua.....	July 20.....			Present.
La Victoria.....				Endemic. July 20, present.
Macuto.....	June 1.....		1	
Maiquetia.....	June 17-Oct. 5.....	12	5	
Victoria.....	Oct. 1.....			Present.

PLAGUE.

Algeria:				
Algiers.....	July 12.....		1	In Hospital El Kettar, in vicinity. Pneumonic.
Le Ruisseau.....	July 9-13.....		5	4 miles from Algiers. Pneumonic.
Arabia:				
Aden.....	July 1.....		1	From s. s. India.
Oman—				
Maskat.....	June 1-22.....	1		
Argentina:				
Buenos Aires.....	Oct. 7.....		3	Outbreak occurred in cancer section, clinical hospital.
Austria-Hungary:				
Trieste.....	July 14-25.....	2		In isolation hospital from s. s. Amphitrite from Messina via Port Said and Alexandria.
Azores:				
Terceira.....	Sept. 11-Oct. 31....	35	21	In Praia da Victoria and Angra de Heroismo.
Brazil:				
Nietheroy.....	Mar. 25.....	8	2	
Pernambuco.....	Aug. 16-Sept. 30....		3	
Rio de Janeiro.....	June 23-Nov. 2.....	8	2	
British East Africa:				
Mombasa.....	Aug. 1-Sept. 15.....	65	13	Oct. 27, present.
Nairobi.....	Sept. 1-15.....	4	1	
Chile:				
Iquique.....	May 26-Nov. 9.....	31	15	
China.....				
Amoy.....	May 20-Aug. 24.....		307	May 18-June 15, present in the magistracies of Fungshun, Cayung, and Puning.
Ampo.....	May 18-June 29.....			May 20-June 1, 40 cases. Present.
Canton.....	July 1-10.....			May 18, present. 45 cases daily. Mainly among children.
Chefu.....	June 2-8.....			2 deaths on s. s. Cheongshing between Tientsin and Taku.
Eng Chhun.....	July 6.....			Present. 100 miles inland from Amoy, and prevalent in the surrounding country.
Hongkong.....	May 12-Sept. 14....	1,393	1,144	
Packhoi.....	May 1-29.....		35	
Shanghai.....	Nov. 2-17.....	13	2	
Tientsin.....	June 2-8.....	1	1	From s. s. Cheongshing from Hongkong.
Wenchang.....	June 4.....			On the island of Hainan, 10 to 20 cases daily.
Cuba:				
Habana.....	July 4-27.....	3	2	
Dutch East Indies:				
Java—				
Paseroean Residency..	May 12-Sept. 14....	229	219	
Provinces—				
Kediri.....	Mar. 31-Sept. 14....	53	50	
Madison.....	do.....	45	45	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from June 29 to Dec. 13, 1912.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Ecuador:				
Duran.....	Oct. 16-Nov. 15....	4	1	
Guyaquil.....	May 1-Nov. 15....	196	70	
Egypt.....				Total, Jan. 1-Nov. 12: Cases, 829; deaths, 412, including report, p. 1059, Pt. 1.
Alexandria.....	May 27-Oct. 6....	24	8	
Port Said.....	May 29-Aug. 26....	8	2	
Provinces—				
Assiout.....	May 25-Aug. 27....	16	7	
Behera.....	July 31-Oct. 24....	7	1	
Beni Souef.....	May 30-July 28....	13	10	
Charkeih.....	Apr. 28-Sept. 2....	12	4	
Dakahlia.....	Aug. 8.....	1	1	
Fayoum.....	Apr. 28-Aug. 1....	50	26	
Galloubeh.....	Apr. 23-Oct. 24....	9	2	
Garbieh.....	Aug. 27-Oct. 9....	19	3	
Girgeh.....	May 26-Aug. 6....	52	42	
Gizeh.....	Oct. 28-Nov. 2....	5	1	
Menouf.....	Aug. 31-Sept. 30....	5	1	
Minieh.....	May 27-Sept. 9....	40	12	
Germany:				
Hamburg.....				Sept. 2-5, 2 cases on s. s. Bellaisla from Rosario, via Cape Verde Islands.
Great Britain:				
Liverpool.....	July 26.....	1		
River Tyne Port Sanitary District.	Sept. 10-16....	1	1	From s. s. Bellaisla from Rosario, via Hamburg.
Hawaii:				
Pepeskeo.....	Sept. 13.....	1	1	
India:				
Bombay.....	May 19-Oct. 26....	415	341	
Calcutta.....	Apr. 21-Sept. 28....	65	492	
Karachi.....	Apr. 1-Oct. 12....	65	64	
Rangoon.....	Apr. 1-Sept. 30....	560	527	
Bombay Presidency and Sind.....	Apr. 21-Aug. 31....	4,116	3,053	
Madras Presidency.....	do.....	609	452	
Bengal.....	do.....	621	611	
Bihar and Orissa.....	do.....	5,563	4,828	
United Provinces.....	do.....	7,594	7,061	
Punjab.....	do.....	16,016	13,117	
Burma.....	do.....	964	911	
Central Provinces.....	do.....	284	238	
Mysore State.....	do.....	1,088	772	
Hyderabad State.....	do.....	356	263	
Central India.....	Apr. 21-May 25....	276	227	
Rajputana and Ajmere.....	Apr. 21-June 29....	579	474	
Merwara.....				
Kashmir.....	Apr. 21-Aug. 3....	290	172	Total for India, Apr. 21-Aug. 30: Cases, 38,347; deaths, 32,179.
Indo-China:				
Saigon.....	May 14-Aug. 19....	77	50	
Japan:				
Formosa.....	Apr. 22-Aug. 17....	97	69	
Mauritius.....	Apr. 7-Sept. 26....	134	78	
Morocco:				
Casablanca.....	Sept. 12-29....	11	1	To Sept. 29, 5 cases were among Europeans.
Persia:				
Bushir.....	May 12-June 15....	130	116	Total Feb. 4-June 15: Cases, 1,045 deaths, 719, including report, p. 1060, Pt. 1. June 1-7, on the route to Shiraz, 4 fatal cases.
Khorassan—				
Tubetjami.....	To Oct 9.....	50		
Peru.....				
Callao.....				Year 1911: Cases, 879; deaths, 426, July 6, 1 fatal case.
Trujillo.....	Oct. 15.....	12	2	
Philippine Islands:				
Iloilo.....	July 5-Sept. 21....	9	9	
Marina.....	June 14-Oct. 19....	13	12	
Mariveles quarantine station.	Apr. 30-May 7....	1	1	From s. s. Taisan from Amoy.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from June 29 to Dec. 13, 1912.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Porto Rico.....				Total June 14-Sept. 14: Cases, 57; deaths, 36.
Arroyo.....	June 22.....	1		On the schooner Guillermito, from San Juan.
Carolina.....	June 25-July 19...	2	2	
Dorado.....	July 15.....	1	1	
Loiza.....	June 28.....	1	1	
San Juan.....	June 21-Sept. 11...	26	17	Total June 14-Sept. 11: Cases, 38; deaths, 17.
Santurce.....	June 22-Aug. 5....	13	3	
Russian Empire:				
Astrakhan Government.....				Total July 4-Sept. 8: Cases, 55; deaths, 41.
Rachinka.....	Oct. 20-26.....	1	1	Nov. 2, free.
Libistchensky district..	Oct. 21-Nov. 9....	1	8	
Balaptubek.....	May 15-June 2....	2	2	
Karabas.....	May 15-June 16...	13	12	
Kudeymula.....	May 27-June 16...	5	5	
Tchernoyarsk.....	July 1-Sept. 8....	32	24	Including previous report.
Tsarevsk district.....	July 29-Sept. 8....	17	13	
Djanibek.....	Aug. 21-Sept. 8....	6	4	
Ural—				
Tschelirtinsky.....	May 20-June 16...	13	11	
Siam:				
Bangkok.....	Apr. 21-Oct. 12....		3	
South Africa:				
Durban.....				Jan. 14-June 21: Cases, 32; deaths, 26, including report, p. 1060, Pt. I.
Straits Settlements:				
Kuala Lumpur.....	Apr. 15.....	3	1	
Singapore.....	May 5-July 20....	17	11	Sept. 1-Oct. 5: Cases, 2; deaths, 1.
Turkey in Asia:				
Adalia.....	May 28-July 6....	3	3	
Basra.....	May 20.....	1	1	
Hiddah.....	May 18.....	1		
West Indies:				
Trinidad.....				Total Apr. 1-June 13: Cases, 11; deaths, 7, including report, p. 1060, Pt. I; 3 of these cases were in Tunapuna.
Do.....	July 2-11.....	2		
Venezuela:				
Caracas.....	June 1-Aug. 16....	5	4	
At sea.....	July 15-20.....	2		On s. s. Ezan Maru en route from Milke, Japan, to Hongkong.

SMALLPOX.

Abyssinia:				
Adis Ababa.....	Sept. 7.....			Prevalent.
Algeria:				
Department—				
Algiers.....	Jan. 1-July 13....	33		
Constantine.....	Apr. 1-Aug. 31....	87		
Oran.....	May 1-Aug. 31....	31		
Arabia:				
Aden.....	June 18-24.....		1	
Argentina:				
Buenos Aires.....	June 1-30.....		1	
Australia:				
Fremantle quarantine station.	Apr. 19.....	1		From s. s. Malwa from London via Colombo.
Townsville.....	May 24.....			1 case on s. s. Yawata Maru from Japan.
Austria-Hungary:				
Bohemia.....	May 12-Sept. 21...	25		
Galicia.....	May 12-Nov. 2....	34		
Vienna.....	July 14-Aug. 3....	1		
Brazil:				
Para.....	Oct. 27-Nov. 9....	2		
Pernambuco.....	Apr. 16-Sept. 30...		268	
Rio de Janeiro.....	May 19-Nov. 2....	54	7	
Sao Paulo.....	Sept. 22-28.....	13		
British East Africa:				
Mombasa.....	May 1-July 31....	11	2	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from June 29 to Dec. 13, 1912.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Canada:				
Provinces—				
British Columbia—				
Vancouver.....	July 14-20.....	1	.....
Nova Scotia—				
Halifax.....	July 7-13.....	1	.....
Sydney.....	Nov. 17-23.....	1	.....
Ontario—				
Hamilton.....	.....do.....	9	.....
Ottawa.....	June 9-15.....	1	.....
Toronto.....	Oct. 13-19.....	1	.....
Windsor.....	June 12-22.....	2	.....
Quebec—				
Montreal.....	June 16-Nov. 23...	67	.....
Quebec.....	July 28-Nov. 16...	7	.....
Chile:				
Coquimbo.....	May 26-Sept. 28...	99	18	Mar. 1-May 1, 30 cases.
La Serena.....	Nov. 30-May 7.....	300	40	
China:				
Amoy.....	May 21-June 8.....	.....	.....	Present in vicinity.
Chungking.....	May 5-Sept. 21.....	.....	.....	Present.
Dairen.....	June 23-July 13.....	2	1	
Hongkong.....	May 12-Sept. 21...	30	15	
Nanking.....	May 19-July 20.....	.....	.....	Do.
Shanghai.....	May 23-Nov. 17...	7	33	Deaths among natives.
Tientsin.....	June 2-8.....	.....	1	
Dutch East Indies:				
Java—				
Batavia.....	May 12-Oct. 5.....	60	16	
Surabaya.....	Apr. 1-30.....	155	70	June 4-July 24, still epidemic.
Egypt:				
Alexandria.....	Sept. 28-Oct. 6.....	3	3	
Cairo.....	May 14-Oct. 28.....	13	5	
Port Said.....	.....do.....	3	2	
France:				
Lyon.....	Oct. 7-13.....	.....	1	
Marseille.....	July 1-Oct. 31.....	.....	9	
Nantes.....	June 17-July 6.....	4	.....
Paris.....	June 2-Nov. 16.....	18	1	
Germany.....				Total, June 2-Oct. 5, 39 cases.
Hamburg.....	Sept. 8-14.....	1	.....
Gibraltar.....	Nov. 18-24.....	1	1	
Great Britain:				
Bristol.....	June 22-Aug. 3.....	2	1	
Liverpool.....	June 2-8.....	1	.....
London.....	Aug. 24-Sept. 7.....	2	.....
Hawaii:				
Honolulu.....	July 9-13.....	1	.....
Honduras.....	July 19-31.....	.....	.....	Present in vicinity of the terminus and along the Honduras National Railway.
				Present.
La Pomienta.....	July 29.....	.....	.....	Do.
Portorillas.....	July 31.....	.....	.....	Do.
San Pedro.....	Oct. 14.....	1	.....	Do.
Santa Barbara.....	July 29.....	.....	.....	35 of these cases occurred several weeks previous to this date.
Tegucigalpa.....	Sept. 19.....	36	.....	Present.
Zacapa.....	July 29.....	.....	.....
India:				
Bombay.....	May 19-Oct. 26.....	228	180	
Calcutta.....	May 5-Aug. 17.....	.....	25	Apr. 21-27, 2 cases.
Karachi.....	May 19-Aug. 10.....	3	3	
Madras.....	May 19-Nov. 2.....	37	24	
Maulmain.....	Jan. 1-Aug. 31.....	.....	118	
Rangoon.....	Apr. 1-Sept. 30.....	219	80	
Indo-China:				
Saigon.....	May 14-Aug. 12.....	10	5	
Italy:				
Leghorn.....	June 9-July 6.....	9	.....
Messina.....	July 1-31.....	.....	1	
Naples.....	June 2-Nov. 9.....	30	5	
Palermo.....	May 26-Sept. 7.....	9	3	
Rome.....	Mar. 31-Apr. 6.....	1	1	
Turin.....	June 3-9.....	1	.....
Venice.....	Jan. 1-Apr. 30.....	40	10	
Japan:				
Kobe.....	June 3-23.....	3	.....

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from June 29 to Dec. 13, 1912.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Mexico:				
Aguascalientes.....	June 9-Dec. 1.....	.....	17	
Chihuahua.....	Mar. 4-Nov. 28.....	112	74	
Durango.....	June 1-Oct. 31.....	2	4	
Frontera.....	July 7-11.....	1	.....
Guadalajara.....	June 9-Aug. 31.....	7	4	
Guaymas.....	July 14-20.....	.....	.....	Present in small towns in vicinity.
Jalapa.....	Sept. 1-7.....	1	.....
Juarez.....	June 16-Oct. 19.....	.....	3	
Mazatlan.....	June 19-Nov. 19.....	.....	13	Total Jan. 1-June 30: Deaths, 29.
Minatitlan.....	July 29.....	2	.....	Aug. 21, still present.
Mexico.....	May 19-Nov. 2.....	434	96	
Monterey.....	Nov. 4-10.....	.....	1	
Piedras Negras.....	Sept. 1-7.....	.....	1	32 miles from Vera Cruz, on the Vera Cruz & Pacific R. R.
Puerto Mexico.....	July 11-Aug. 31.....	5	3	
Salina Cruz.....	June 29-Nov. 16.....	24	5	
San Geronimo.....	Aug. 1.....	.....	.....	Present.
San Luis Potosi.....	Apr. 7-Aug. 24.....	8	10	
Tampico.....	Sept. 10-20.....	.....	1	
Tehuantepec.....	Aug. 1-21.....	.....	.....	Present.
Newfoundland:				
St. Johns.....	July 14-Aug. 7.....	7	.....
Peru:				
Callao.....	May 19-June 29.....	.....	.....	Do.
Porto Rico:				
San Juan (Miraflores quarantine station).	Dec. 1.....	1	.....	From S. S. Catalina from Barcelona via ports in Spain and the Canary Islands.
Portugal:				
Lisbon.....	May 27-Nov. 16.....	98	.....
Roumania:				
Bucharest.....	.....	.....	.....	Total Mar. 1-June 30: Cases, 38.
Russia:				
Batoum.....	July 1-31.....	1	.....
Libau.....	May 14-Aug. 4.....	1	1	
Do.....	June 22-28.....	2	.....
Moscow.....	May 19-Oct. 26.....	24	4	
Odesa.....	May 13-Nov. 2.....	20	5	
Reval.....	June 1-30.....	.....	1	
Riga.....	June 9-29.....	8	.....	May 1-Aug. 31, 4 deaths.
St. Petersburg.....	May 27-Nov. 9.....	106	34	
Warsaw.....	Apr. 21-Sept. 7.....	71	28	
Siam:				
Bangkok.....	Apr. 21-Oct. 12.....	.....	80	
Siberia:				
Vladivostok.....	May 17-June 28.....	2	.....
Spain:				
Almeria.....	June 1-Oct. 31.....	.....	53	
Barcelona.....	July 1-Nov. 9.....	.....	40	
Cadiz.....	May 1-Sept. 30.....	.....	9	
Madrid.....	July 1-Oct. 31.....	.....	24	
Malaga.....	July 1-31.....	.....	3	
Seville.....	June 1-Oct. 31.....	.....	105	
Valencia.....	June 2-Nov. 9.....	123	8	
Straits Settlements:				
Penang.....	July 14-20.....	2	2	
Singapore.....	June 23-July 20.....	4	1	
Switzerland:				
Basel.....	Sept. 22-Nov. 2.....	6	.....
Berne.....	May 5-11.....	2	.....
Geneva.....	do.....	1	.....
Lucerne.....	May 12-18.....	1	.....
Neuchatel.....	do.....	1	.....
Turkey in Asia:				
Beirut.....	May 26-Oct. 26.....	161	2	
Dardanelles.....	June 23-Oct. 12.....	.....	15	Sept. 14, 1 case.
Turkey in Europe:				
Constantinople.....	May 27-Nov. 16.....	.....	338	
Saloniki.....	Dec. 7.....	.....	.....	Present.
Union of South Africa:				
Durban.....	Apr. 28-July 27.....	21	4	
Johannesburg.....	July 22-Aug. 31.....	73	.....
Uruguay:				
Montevideo.....	May 1-31.....	1	.....
Venezuela:				
La Guaira.....	June 6.....	1	.....
Zanzibar.....	Sept. 15-Oct. 7.....	2	2	

MORTALITY.

WEEKLY MORTALITY TABLE, FOREIGN AND INSULAR CITIES.

Cities.	Week ended—	Estimated population.	Total deaths from all causes.	Deaths from—										
				Cerebrospinal meningitis.	Cholera.	Diphtheria.	Plague.	Pollomyelitis.	Scarlet fever.	Smallpox.	Tuberculosis.	Typhoid fever.	Typhus fever.	Yellow fever.
Aberdeen	Nov. 23	164,300	59			1								
Alexandria	Nov. 18	420,000	230			10	2				12	3	2	
Antwerp	do.	308,618	74			1					3	1	1	
Athens	Nov. 9	250,010	65			2					22			
Do.	Nov. 16		81	4		2					16			
Barcelona	Nov. 23	591,272	395			3					23	13		
Batavia	Oct. 26	217,630	31		33					6				
Do.	Nov. 2		26		22									
Beirut	Nov. 16	80,000	18									3		
Belfast	Nov. 23	391,974	138						2		24			
Bergen	do.	87,500	28			1					8	2	1	
Birmingham	Nov. 30	850,947	275			7			10		19			
Bombay	Nov. 2	979,445	562		1			1			31			
Do.	Nov. 9		574		1		2				33			
Bremen	Nov. 23	246,850	62			3			3		5			
Bradford	do.	289,618	85			1					6			
Bristol	do.	359,400	88			1					6			
Brussels	do.	745,380	199			3			1		20	2		
Calcutta	Oct. 5	896,097	433		8			6		2				
Do.	Oct. 12		425		16			4		1				
Do.	Oct. 19		465		21			3						
Do.	Oct. 29		430		25			2						
Christiana	Nov. 23	248,000	56						1		10			
Copenhagen	do.	468,000	129						4		21			
Dairen	Oct. 26	49,402	17								3	1		
Do.	Nov. 2		15						1		2			
Denia	Nov. 30	12,431								1				
Dublin	Nov. 16	400,865	156								31	2		
Do.	Nov. 23		162			1			1		24	1		
Dundee	do.	165,300	59						1		4			
Fiume	Oct. 21	51,000				1								
Gottenborg	Nov. 23	170,100	34					1			8			
Halifax	Nov. 30	46,000	18								1			
Do.	Dec. 7		16			1					3			
Havre	Nov. 23	136,150	64						1		15	1		
Karachi	Nov. 9	157,290	82								1	1		
Kingston	Nov. 16	67,379	4								1	3		
Kobe	Nov. 17	425,023	160		1	1								
Leeds	Nov. 30	445,568	115			2			1		6		3	
Lechorn	Nov. 23	104,000	47								3		1	
Leith	do.	81,000	39			1			1		1	1		
Libau	Nov. 24	84,000				2								
Liverpool	Nov. 23	752,055	303			2			1		28			
Madras	Nov. 19	518,660												
Maracaibo	Nov. 22	50,000	20								4	1		
Manchester	Nov. 23	724,168	234											
Monterey	Nov. 18					4								
Montreal	Nov. 25	100,000	142								8	1		
Nagasaki	Dec. 7	466,198	133			3			4	1	12	1		
Newcastle-on-Tyne	Nov. 17	197,257	36		2						8			
Nottingham	Nov. 23	269,193	104			1		1	1		5	1		
Do.	do.	259,942	87								6	1		
Odessa	Nov. 9	600,000	150			1					18	2		
Do.	Nov. 16		172			2			2		16	6	1	
Paris	Nov. 23	2,888,110	870	1		5			2		170	6		
Quebec	do.	78,000				2			1					
Do.	Nov. 30					1								
St. Petersburg	Nov. 16	1,900,500	714			8			12	2	163	32		
San Luis Potosi	Aug. 31	82,946	59								4	2		
Do.	Sept. 7		52								5	1		
Do.	Sept. 14		63								3	1		
Singapore	Nov. 2	303,328	175		1						20			
Stockholm	Nov. 16	346,599	96								14	1		
Stoke on Trent	Nov. 23	237,153	78			3					6	1		
Stettin	Nov. 16	241,000	68			1					6			
Stoke on Trent	Nov. 30	237,153	81			1					9	1		
Tientsin	Nov. 16	800,000	28								10			
Turin	Nov. 24	430,770	133							1	11	3		

MORTALITY—Continued.

Weekly mortality table, foreign and insular cities—Continued.

Cities.	Week ended—	Estimated population.	Total deaths from all causes.	Deaths from—										
				Cerebrospinal meningitis.	Cholera.	Diphtheria.	Plague.	Pollomyelitis.	Scarlet fever.	Smallpox.	Tuberculosis.	Typhoid fever.	Typhus fever.	Yellow fever.
Vancouver.....	Nov. 24	110,000	33	.....	.....	.....	.....	.....	.....	.....	2	1	.....	.....
Do.....	Nov. 30	.....	27	.....	.....	.....	.....	.....	.....	.....	2	1	.....	.....
Vigo.....	Nov. 2	41,500	18	.....	.....	2	.....	.....	.....	.....	2	.....	.....	.....
Do.....	Nov. 16	.....	20	.....	.....	1	.....	.....	.....	.....	2	.....	.....	.....
Do.....	Nov. 23	.....	24	.....	.....	1	.....	.....	.....	.....	3	.....	.....	.....
Valencia.....	do.....	233,348	94	.....	.....	.....	.....	.....	.....	.....	7	1	.....	.....
Winnipeg.....	Dec. 7	166,553	36	.....	.....	1	.....	.....	.....	.....	1	.....	.....	.....
Yokohama.....	Nov. 18	444,039	5	1

By authority of the Secretary of the Treasury.

RUPERT BLUE,
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 United States Public Health Service.*

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